DOCUMENT RESUME

ED 203 233 CG 015 216

AUTHOR Hickey, Tom
TITLE Education and Training Resources for Long Term Care Gerontology Centers. Selected Topics in Long Term Care. Volume 5.
INSTITUTION ELM Services, Inc., Washington, D.C.
SPONS AGENCY Administration on Aging (DHEW), Washington, D.C.
PUB DATE Sep 80
CONTRACT HEW-105-79-3008
NOTE 64p.: For related documents, see CG 015 212-217.

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Educational Gerontology: *Health Services: Literature Reviews: Models: National Organizations: Postsecondary Education: *Professional Continuing Education: *Professional Training: *Program Development: *Training Methods
IDENTIFIERS *Long Term Care Facilities

ABSTRACT

This document, one in a series developed to provide technical assistance to 22 Long-Term Care Gerontology Centers, discusses the rationale for the development of gerontological education as well as the content and program focus of career training and continuing education. The next section examines the current literature on education for long-term care, including: (1) rationale for education in gerontology and geriatrics: (2) curricula: (3) professional and ancillary personnel: (4) continuing education: (5) academic discipline: (6) research: (7) implications for training: and (8) training manuals and handbooks. An extensive annotated bibliography, lists of resource people, professional resources, and national organizations, journals, and service provider development resources are also provided. (RC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

HRP-0902775

ED203233

ELM Services INC

EDUCATION AND TRAINING RESOURCES FOR LONG TERM CARE GERONTOLOGY CENTERS

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Volume 5 in a Series:

Selected Topics in Long Term Care

September, 1980

Developed under
Administration on Aging
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE
Contract No. HEW-105-79-3008

CG 015216

Selected Topics In Long Term Care

Volume 5

Education And Training Resources For Long Term Care Gerontology Centers

Prepared by ELM Services, Inc.

With an Essay by

Tom Hickey, Dr.P.H.

And A Bibliography By

ELM Services, Inc.
Long Term Care Gerontology Group

CG 015215

Developed under
Administration on Aging Contract No. HEW 105-79-3008

September 1980

PREFACE

This document is one of a series developed by ELM Services, Inc. and a group of special consultants under Administration on Aging contract HEW-105-79-3008, a contract to provide technical assistance to twenty-two Long Term Care Gerontology Centers. The series, entitled Selected Topics in Long Term Care, contains five monographs with annotated bibliographies and additional resources. They are:

Volume 1: Models for Service Delivery for Long Term Care: An Introduction to the Literature, with an essay by Rosalie A. Kane, D.S.W. and Robert L. Kane, M.D.

Volume 2: Adult Daycare Services: An Introduction to the Literature with an essay by Richard A. Kalish, Ph.D.

Volume 3: Financing Long Term Care, with essay and bibliography by Jay Greenberg, Sc.D. and David Doth, M.A.

Volume 4: Program Evaluation and Evaluation Research: Theory, Issues and Applications Useful in Long Term Care Gerontology Centers, with an essay by David J. English, D.B.A. and Celia Berdes, M.S.P.H.

Volume 5: Education and Training Resources for Long Term Care Gerontology Centers, with an essay by Tom Hickey, Dr.P.H.

Each of the identified topics in the monograph series is integral to the Centers' basic mission of enhancing knowledge in long term care through policy research, increasing manpower in gerontology/-geriatrics, and/or providing technical assistance to communities in their regions.

The mandate of Long Term Care Gerontology Centers has been expressed by the Commissioner of the Administration on Aging, Robert Benedict:

> Comprehensive designation will be a recognition that these few centers have achieved a critical mass of intellectual talent, of community linkages, and of programmatic development across a wide variety of disciplines. Designation will serve as a measure of accomplishments pointing to these "centers of excellence" as those few institutions which are comprehensive programmatically in research, education and training, foremost in the creation of service laboratories

> where assessment schemes, training and care with a multidisciplinary approach can be mounted, and in the development of key ties to community sites and service configurations.
>
> Comprehensive gerontology centers will develop training teams, a cadre of experts to provide the nation and their regions with manpower through inter-disciplinary education and training efforts and continuing education programs.
>
> They will develop research endeavors covering policy research, organizational design, human service system integration, economics and the whole range of validated assessment and evaluation tools we will need. They will include an emphasis on our data needs for the future.
>
> Moreover, these centers will show strong linkages to communities and to the community service systems. Hand in hand, centers will provide the knowledge and technical assistance base for communities and especially community demonstrations.[1]

These Selected Topics in Long Term Care were chosen as the result of a survey of Long Term Care Gerontology Center directors conducted in the spring of 1980. Their focus was further refined at a conference which convened a team of experts in long term care and Long Term Care Gerontology Center grantees at Thousand Islands, New York in August of that year. (A list of conferees is included as an appendix.) The objective of both processes was to meet the needs of the twenty-two centers for guides to the state-of-the-art in key areas. The more general utility of the documents reflects the process by which they were created.

Participants in the Thousand Islands conference were asked to review an initial draft of a literature search and to apply their critical comments and knowledge of resources to the content and format of the documents. The mission presented to attendees was to assist in the creation of "functional" documents which could provide centers with both an overview of the theory surrounding a specific topic and a practical guide of "how-to" information.

Consultants and grantees initially discussed the specific information needs of Center grantees. Much of this discussion

---

[1] From a speech before Long Term Care Gerontology Center grantees, February 1, 1980.

focused on the definition of the five topic areas and how information about them could be organized and presented to be of maximum use to the reader.

Each topic was then addressed by the conferees in general session. Specific subtopics were defined and further clarified in small working groups. Thus, by the end of the third day of the conference, the issues in each of the five topic areas had been identified and an approach to the presentation had been established.

The Conferees next dealt with subtopic areas, specifying key citations and fugitive information difficult to obtain but essential to an understanding of the state-of-the-art. In addition, they noted resource persons and organizations who, in the absence of literature, could provide key insights into each of the topics.

Subsequent to the Conference, ELM sought out and acquired the additional literature highlighted at the conference. In an attempt to provide the most current and advanced resources, the majority of the material cited is dated post-1975. Literature dated before that time has been cited if considered to be of special interest to centers. It has not been the intent of ELM to produce all-inclusive bibliographies, rather, the bibliographies have highlighted those portions of the literature whith appear to related to center functions or information needs.

ELM also asked individual consultants to utilize the collectively developed outlines to prepare state-of-the-art essays for each topic. These essays are intended to serve as guides to the literature.

An "Additional Resources" section has been developed by the ELM staff for four of the five monographs; the financing monograph is self-contained. Within these sections, resource persons have been identified, relevant organizations and associations have been listed, and additional bibliographies have been cited.

The resource persons have been identified through the collaborative efforts of project consultants and staff, by the extent of an individual's contribution to the literature, and finally, when agreements to be included as a resource person could be secured from the individuals themselves. The lists of resource persons are thus by no means exhaustive.

It is not intended that the role of resource persons will be to respond to every question germane to their stated field of specialization. Rather, they are to be utilized with discretion by the directors and staffs of Long Term Care Gerontology Centers when further direction or insight cannot be obtained through the literature or more readily available resources. Careful consideration should be given to the nature of a request and the time necessary to respond to that request. It should also be noted

that many of the resource persons are available for professional consultation.

A separate volume was developed (for distribution to Long Term Care Gerontology Centers only) consisting of single copies of selected articles. Articles have been selected for inclusion based on the significance of their contribution and the relative difficulty in obtaining copies. Readers may be able to obtain copies of these articles by contacting the centers. ELM also has copies of the majority of articles on file and may be able to provide single copies. A list of Long Term Care Gerontology Centers as of this date has been provided as an appendix.

ELM would like to express its appreciation for their assistance in the production of this series to all the attendees of the Thousand Islands conference. Deep appreciation must also go to Thomas Aschenbrener, the Project Officer on this technical assistance contract, for his assistance and supportive stance on innumerable occasions. Finally, ELM would like to express its appreciation to research staff members Celia Berdes, Kathleen Grady, Molly O'Connell Hart, Jane Armbruster-Hu and Patricia Berger-Friedman for their dedication and perseverance on this project.

David J. English, D.B.A.
Project Director

Lee E. Mortenson
Co-Project Director

SECTION I

INTRODUCTION

Although Long-Term Care Gerontology Centers are the direct result of recent policy and funding initiatives, the emergence of such Centers in 1980 is a somewhat predictable outcome of the growth of the field of gerontology and its investment in education and training over the past 15 years. This period has been characterized by a great deal of interest in aging and old people. It has been speculated, for example, that over half of all that has ever been written and reported about the aging process and old age were published during this period of time. Landmark legislation in the mid-1960's, establishing Medicare and Medicaid and the Older Americans Act, led to this increased focus on later life, as evidenced by Federal support for research, education and training, demonstration programs, and the development and coordination of services for older Americans.

More specifically in the area of gerontological education, the preparation of providers of services to older people was initiated largely through training grants by the Administration on Aging (AoA) and the National Institute of Child Health and Human Development (NICHD) to many colleges and universities throughout the country. The initial concern of these educational programs was twofold: (1) defining the rationale for gerontological education; and, (2) establishing its purpose, content, and focus.

A. RATIONALE

Demographic data on the increased numbers of people over the age of sixty-five, and their age-related problems of social, economic, and health dependency, provided sufficient justification for initiating gerontological training and education in the late 1960's. This rationale continues to support the need for specialized training for long term care. In fact, the demographic projections now show clearly that the most signficant populatior increases are occurring among people beyond the age of seventy-five, who are at the highest risk of chronic impairment, and who have the greatest need for long term health care.

There are a number of additional reasons for giving priority in the 1980's to specialized training and education for long term care. The basic reason, perhaps, is that the long term health care of the elderly has been of minimal quality in many places in the country. The neglect of chronically impaired patients, Medicaid abuses, and the problems of rapidly increasing costs (of even inadequate care) have resulted in a very negative long term care situation overall.

A related reason for increasing our efforts to prepare personnel for the long term care field is the need to find solutions to some very tough problems in this area--especially those related to the escalation of costs and the coordination of services. In the area of costs, for example, it has become increasingly obvious that expensive institutional care will become less accessible to the rising numbers of chronically-impaired elderly. In addition to institutional care, the high costs of other types of medical care--especially physician services--will need to be supplemented, if not replaced in some instances, with less costly supportive health care services. The coordination of services is also necessary in order to make operational a broad definition of long term care that goes beyond medical services and nursing home care to encompass a range of continuous social and health support services for the elderly.

This notion of a "continuum of long term health care" for the elderly is a construct widely perpetuated in the gerontological community; however, it has not been widely operationalized or implemented. For most older people, health care remains primary medical care at best.

The availability of a fairly rich body of information gained from demonstration and model projects over the past ten yers provides another important reason for emphasizing long term care training and education at this time. Various research and demonstration projects, for example, have found that different groups/types of patients do better under different care auspices. Other studies of assessment techniques have shown that better and more frequent diagnosis and screening of patients' physical and functional levels leads to greater effectiveness in service placement and utilization. Model projects providing transportation, daycare, and various supportive health services for those chronically impaired elderly living at home have demonstrated the feasibility of maintaining people in a community support system. It is commonly assumed that such community-based health care systems cost less than what might otherwise be incurred through patient neglect leading to premature institutionalization. Additional discussion of this topic, which in some cases tends to refute that assumption, may be found in other volumes of this series, particularly Volume II on daycare and Volume III on financing.

Quite apart from the question of whether community services are more cost-effective than nursing home care, it remains evident that: (a) non-institutional care is the preferred choice of most individuals; and, (b) various community services are appropriate substitutes for that segment of the nursing home population who no longer require intensive medical care, of for those who should not have been institutionalized initially.

The literature to date suggests that the providers of long term care services will need to become experts in both identifying and defining the needs of the specific target groups to be served, and will also need to be knowledgeable about the relationship of various

supportive care services, and remedial and maintenance programs. Education and training are thus needed to provide the tools both for understanding the patients' needs and for matching patient needs to appropriate services.

Since the literature to date does not provide full answers to basic policy questions in long term care, this may sound idealistic. However, it remains an insufficient rationalization for not learning more about existing service models and assessment techniques. Thus, the preparation of long term care personnel is a necessary step towards both improving the delivery of long term care at the present time and contributing to the resolution of existing problems.

B. CONTENT AND PROGRAM FOCUS

Defining the content and focus of gerontological education, however, has not been as self-evident as its justification. At its most fundamental level, gerontological education has two basic forms: (1) career training, or pre-service education for individuals at the outset of their research, professional, or service careers; and (2) continuing education, or short-term training programs for mid-career individuals interested in improving or modifying their knowledge and skill bases.

(1) Career training in gerontology has occurred at the associate, baccalaureate, masters, and doctoral levels. While the majority of the educational programs have taken the form of subspecialties or concentrations (perhaps leading to a certificate) in gerontology, many educational institutions have offered formal degree programs in gerontology. This dichotomous approach has found less enthusiastic support in the professional schools—especially medicine, allied and public health, and nursing—where the clear preference is to provide a focus on clinical and/or practice experiences with the older population as part of more traditional degree programs. The comparatively recent proliferation of studies and reports on the emerging growth of interest in geriatric medical education, for example, reflect a consensus against the establishment of a new specialty of geriatrics. Thus, in clinical training (i.e., medicine and nursing), special geriatric clinical rotations and residencies seem to be the preferred focus of gerontological training efforts. Similarly, the training of long term care planners and administrators is emerging as a practical application and subspecialty of traditional health services and public administration programs.

It would seem, then, that many of the definitional concerns that preceded the development of formal gerontology programs will be avoided in the preparation of long term care personnel. Moreover, an additional positive aspect of long term care training efforts can be found in the fact that the clinical and service setings are more amenable to the preparation of a interdisciplinary health team than the discipline/profession-bound classroom context.

One of the more important features of the present state of gerontology in higher education is the extent to which it has "penetrated" most academic units. The published literature includes discussions of curricula and programs for most of the professional schools, the biological and social sciences, education, and the humanities. There are significant implications here for the development of long term care education programs that must--by wholistic definition--be based on a comprehensive understanding of the needs of the chronically ill elderly and of the health care and social support systems. The various academic resources and interests necessary for such a broad-based educational program have been established.

(2) Continuing education in gerontology is a comparatively more recent development than career training programs. Other than summer workshops for academic faculty, and limited efforts at in-service training in nursing homes, continuing education in gerontology for mid-career workers did not begin on a nationwide basis until the full implementation of Titles III (Areawide Agencies on Aging) and VII (Nutrition Programs) of the Older Americans Act in the mid-1970's.

The growth of services at the community level and the development of planning and coordination structures resulted in the education and training of mid-career professionals. In some instances, professionals required additional education to understand the special needs of an increasing older population; other professionals made significant career shifts--e.g., from adoption and child welfare services to nursing home and foster adult care. In almost all cases, however, there was a need for specialty training for the implementation of new types of programs, such as congregate meals for the elderly.

In this regard, training has typically been viewed as more task-oriented and goal specific than education. Thus, a training program might have the objective of transmitting and practicing the skills necessary for administering a patient assessment index; whereas the goal of a continuing education program on a related topic might be to present a summary of known information about older patients' health behaviors. The preparation of career-entry level personnel typically includes elements of both education and training--with greater emphasis on the latter in the professional schools. On the other hand, short-term programs for mid-career professionals are more likely to be either one or the other.

The distinction between education and training is important for the development of professionals and ancillary personnel delivering long term care services. In the selection of teaching resources and materials for a Long Term Care Gerontology Center's continuing education activities, one must look at the outcome expectations. If the goals are patient diagnosis, assessment, interviewing, and treatment intervention, then the trainers and resources appropriate to such skill training should be sought. On the other hand, an important set of short-term educational objectives might include increasing staff awareness and knowledge of chronically ill patients, of the most

prevalent disease conditions, and about long term care policy issues. These latter objectives suggest a broader program of education rather than training.

Unlike career training and education in gerontology, topics of relevance to long term care were an early focus of continuing education and short-term training. A review of the Keyword Indexed Collection of Training Resources in Aging (Duke University) indicates the wealth of training resources and materials on issues related to long term care which have been developed over the past ten years. These include such topics as: basic information about the aging process; diagnostic and assessment skills; interviewing and communication skills; special concerns and treatment of chronically impaired older patients (e.g., due to strokes, sensory loss, dementia, etc.); "how to" dimensions of daycare, foster care, home health care, hospices, etc. These are but a few examples of existing resources for continuing education and short-term training in long term care.

SECTION II

EDUCATION FOR LONG-TERM CARE: THE AVAILABLE LITERATURE AND ITS LIMITATIONS

When gerontology educators and new training grant directors turned to the literature for resources fifteen years ago, their choices were quite limited. That is not the case today, however; Long Term Care Gerontology Center directors and staff have the opportunity to be selective and critical. The literature encompassed in the category of Education and Training in Gerontology Center directors and staff have the opportunity to be selective and critical. The literature encompassed in the category of Education and Training in Gerontology and Geriatrics is both diverse in scope and voluminous in amount. It ranges from the conceptual question of why gerontology and geriatrics education is needed to the specifics of designing an in-service program for nurses' aides.

Many materials were easily collected from libraries owning the appropriate gerontological, educational, medical, and allied health professions journals. Government libraries and National Aging Resources Center (American Association of Retired Persons) were used to obtain others. (The reader should be aware that a few references, such as the medical school curricula, were in vertical files at AARP; thus the researcher who does not have access to this library will have difficulty in retrieving this and similar information).

Several limitations in the bibliography should be noted. To provide the most current and advanced resources, the majority of material was dated post-1975. Thus, if the reader is interested in an historical analysis of gerontological education, pre-1975 publications should be sought. Though letters and editorials are often a source of new ideas, or a reiteration and clarification of more dated ideas and facts, they were not included due to the numbers of substantial works available. Finally, educators are becoming aware of the paucity of references to the aged and misrepresentation of the elderly in children's literature. References addressing gerontological education in the primary and secondary schools have been excluded from this effort.

The literature reviewed for this document includes the following general topics:

A. RATIONALE FOR EDUCATION IN GERONTOLOGY AND GERIATRICS

By now, one would hope that society's consciousness has been sufficiently enlightened necessitating no further articles on this topic. The available literature, however, will continue to be useful (especially in geriatrics) to the extent that academic and professional colleagues, as well as university administrators, need to justify the inclusion of this topic in their curricula and or the diversion of scarce resources from other areas of of long term care training.

Of particular value to geriatrics are the Aging and Medical Education report of the National Institute of Medicine (1978), and the Proceedings of the American Geriatrics Society's Conference on Geriatric Education (JAGS, Nov. 1977). In the area of gerontology education, some of the key contributors to this literature have been Walter Beattie, James Birren, George Maddox, and Ruth Weg. The two volumes on Gerontology in Higher Education should be especially useful (see: Seltzer, Sterns, & Hickey, 1978; and Sterns, Ansello, Sprouse, & Layfield-Faux, 1979).

B. CURRICULA

There are several articles included here, ranging from curriculum design and development to its evaluation and impact. The selected resources represent a larger body of literature that is fairly easily located with these references as a base. Highly specialized curriculum materials are available, ranging from the training of social workers for nursing home roles, to dental, podiatric, and pharmaceutical services necessary for long term care.

In addition, there is an extensive array of generic literature on educational programming and curriculum development, as well as on the general principles of attitude and skill training. This literature is not included here since it may not be of particular interest to most professionals working in long care; however, it is essential for the training director.

A frequently hidden assumption in the literature on curriculum development is that an individual program's objective may have been as much based on existing faculty interests and resources as on general principles or educational objectives. The replication of such programs may not be easy in most other settings. Thus, one needs to review articles on curriculum models for their general validity before considering specific application. The recently completed project, "Foundations For Gerontological Education," is useful reading here in that it underscores the inherent difficulty in establishing consensus about curriculum (see: The Gerontologist, 20(3), Pt. II, June, 1980).

One topic that seems to be emerging in the literature is that of standardization of curricula and programs. To what extent are specialization, and perhaps accreditation and licensure, desirable? The question will undoubtedly continue to be debated for some time to come. Although the full standardization of curricula for discipline-based subspecialties is not likely to occur, it may be more relevant in the training of professionals and ancillary personnel. In the area of long term care, it seems important to develop competency-based programs related to the delivery of specific health care services. The more recently published training manuals and handbooks seem to be more effective at doing this (see: KWIC Project Reports).

C. PROFESSIONAL AND ANCILLARY PERSONNEL

Examples of program rationales and training models are included for the professions working in the area of long term health care. There is intentional emphasis on medicine, nursing, and to a slightly lesser degree, social work. This reflects a parallel emphasis in the literature, most of which has appeared in the past five years.

Professional and ancillary personnel training requires more goal-setting than general education in gerontology and long term care. Competency and skill training to carry out specific tasks within a well-defined range are the standard norm of good professional curricula. Since these objectives are not always included or spelled out, such curriculum resource materials are of less value for professional training.

Another limitation in this literature is that some of the better programs and curriculum models have not been published in referenced materials. This is an understandable occurrence in most professional schools, where the incentives for faculty are in other areas. Consequently the reader of this document, who is searching for a particular professional specialty program model, might better rely on professional peer group communications. The annual educational meetings of the Association for Gerontology in Higher Education have in the past two years or so begun to serve as a useful forum of communications in this regard.

D. CONTINUING EDUCATION

The articles included here are necessarily limited beyond the more generic literature on program rationales and models. The major limitations in reviewing this literature are that: (a) much of it is too highly specialized to be included here; and (b) many good programs are not widely referenced. The KWIC Project's reports and catalogues have helped this latter problem to some degree, especially when reviewed with a clear idea of (continuing education) program needs.

Beyond these suggestions, one might be encouraged to consult with those universities where continuing education and short-term training have received a sustained emphasis for several years (e.g., Pennsylvania State University, University of Southern California, and University of Michigan, to name only a few).

E. ACADEMIC DISCIPLINE

There is a collection of articles about gerontological curriculum development within the academic disciplines. Here again, the Foundation Project report is useful reading, since most of the published articles in this area have the built-in bias of a particular faculty member's disciplinary interests and the institutional context within which a given discipline-based program is offered. The state-of-the-art on this topic has been summarized in detail in a recent special issue of The Gerontologist (June 1980).

F. RESEARCH AND EDUCATION

Some of the references included in this collection focus on the necessary interchange and linkage between research and education. This literature generally reflects both the rationale for such an interchange and various conceptual and academic frameworks for implementing it. However, both in the literature and in practice, such linkages have been inadequately operationalized.

There are two important reasons for giving more priority to this in the future. First, such an interchange represents the achievement of a major goal of present day higher education: the transfer of necessary technology to enable its appropriate utilization and application to contemporary social problems. Second, the all-important feedback loop linking problems back to hypothesis-testing is necessary for decisions about the relevance of applied research, especially in such areas of social concern as long term care. It may well be that potential solutions to major health care policy issues are hindered, in part, by the absence of a feedback loop designed to generate more relevant research questions.

The most significant gap in this area of the literature is in the area of program evaluation. We do not yet know how to assess the substance and format of training vis-a-vis the needs of older adults.

G. IMPLICATIONS FOR TRAINING

There are a few samples from the hundreds of articles written which could impact the substance of gerontology training. These include attitudinal studies of physicians, nursing, detail, and medical students, and articles on manpower needs. There is no literature which specifically addresses the influence of faculty members on the choice of students to practice in the field of geriatrics, nor publications specifically addressing a sex preference for working with geriatric clients, though general papers (not included in the appended bibliography) have been written on faculty influence and sex preference. There is some allusion in the literature to age preference in geriatric practice (i.e., the older physician has more empathy and prefers to work with older patients.)

A few articles are included here that focus on the relation of such things as professional's attitudes and studies of personnel needs to the development of training programs. This is, perhaps, the most amorphous area of the literature. With carefully chosen references, one can make a case for almost anything. This body of literature is useful background reading, but should not be used as a basis for decision-making or program planning.

H. MANUALS AND HANDBOOKS

These represent a useful starting point for seeking additional sources and materials. Again, the Long Term Care Gerontology Centers begin with a much richer resource background than gerontology training directors did a decade or so ago.

Some examples of the handbooks available for long term care include:

- o community resources and administration
- o advocacy training for nursing homes
- o dietary services in patient care
- o the physical and environmental context of long term care
- o rehabilitation programs
- o patient training for self-care
- o consumer guides to nursing homes
- o mental health education for long term care
- o oral and vision care of older patients

In conclusion, the basic tools for effective long term care education and training have been developed. The major problem in the area of education and training is now more qualitative than quantitative. Documents such as those in the following bibliography must be carefully studied and shaped to fit a particular educational or training context. This process is a tedious but necessary effort for personnel development in this field. It is the hard work of a teaching task rather than the discovery endeavor of research. One would hope that the Long Term Care Gerontology Centers will recognize the task as it is presented, rather than going away empty-handed from a search for quick answers or ignoring the richness of the literature in favor of creating a "new" wheel.

Ackerman, S. and Bradshaw, B.R. "A Training Program for Personal Care Home Aides." Educational Gerontology 3 (1978): 215-222.

This paper describes and analyzes a model demonstration project developed to train family care home operators and personal care home aides. Discussion focuses on interpersonal skill development programs for ancillary personnel to upgrade the quality of care provided the elderly in institutional or surrogate family settings. The goal of the project is to develop a package of training materials for dissemination, including a training manual and audiovisuals for adoption by agencies and institutions throughout the country.

Akpom, C.A. and Mayer, S. "A Survey of Geriatric Education in U.S. Medical Schools." Journal of Medical Education 53 (1978): 66-68.

This article reports on survey findings which indicate that U.S. medical schools continue to assign a fairly low priority to the teaching of geriatrics. Few medical schools consider geriatrics important enough to offer it as a separate subject, and almost all medical schools failed to require it, whereas universities are increasing the number of gerontology courses in their curricular offerings and expanding research in the subject.

Aging and Medical Education. Washington, D.C.: National Academy of Sciences. Institute of Medicine, September 1978.

The purpose of this study was to investigate the effectiveness with which knowledge of aging is currently being incorporated in medical education. A committee consensus developed around the following points: that care of the aged calls for application by the physician of some special knowledge, skills, and attitudes; that these aspects of physician competence should receive appropriate emphasis throughout medical education and in the accreditation and certification procedures; that substantial improvements in teaching about the process of aging and problems of the aged are required at all levels of medical education; and that new opportunities exist for the development of knowledge in aging, but that the amount of funding available for research and training appears to be a limiting factor.

Anderson, F. "Geriatric Medicine: An Academic Discipline." Age and Ageing 5 (November 1976): 193-197.

Literature in the field of geriatric medicine is reviewed by the author. Among the topics reviewed are: diseases in the elderly, psychological stress, depression and complications. The author concluded that the universities must take a leadership role in educating and stimulating interest in the fields of gerontology and geriatrics at both the professional and lay levels in order to contribute to the maintenance of health in the elderly.

Atchley, R.C. and Seltzer, M.M. Developing Educational Programs in the Field of Aging. Oxford, Ohio: Scripps Foundation Gerontology Center, 1977.

Copies of this booklet can be ordered from: Scripps Foundation, Miami University, Oxford, Ohio at $2.50 per copy including postage. The booklet identifies issues that must be faced in gerontology education and how these issues have been addressed and resolved in existing programs. It provides ideas for incorporating gerontology into higher education and includes sections on course materials and syllabi, credentialing, field experiences, center development, and textbook bibliography. Copies of this booklet can be ordered from: Scripps Foundation, Miami University, Oxford, Ohio, at $2.50 per copy including postage.

Baldwin, D.C., Jr. and Rowley, B.D. (eds.) Interdisciplinary Health Team Training. Proceedings of a Workshop sponsored by the Office of Interdisciplinary Programs, Bureau of Health Manpower; held in Snowbird, Utah, September 6-8, 1976.

Chapters of this proceedings report address models for faculty teams, curriculum development, evaluation of interdisciplinary health teams, and internal and external dimensions of health care team maintenance. Among others, ten university programs are described in the appendices.

Barbarin, O., Tyler, F. and Gatz, M. "Individual and Community Competence: Developing and Integrating Successful Coping Strategies over Time." Final report for DHEW grant No. 90-A-520. Washington, D.C.: Administration on Aging.

Describes and evaluates a program to train older ancillary personnel for community service.

Banziger, G. "Physicians of the Future: Perspectives on Geriatric/Gerontology Education in Ohio." Final Report to the Ohio Board of Regents through the Vice Chancellor for Health Affairs, Marietta College, Department of Psychology, 1980. (Unpublished manuscript).

The author presents the results of a study conducted in the summers of 1980. Topics discussed in the manuscript include: 1) a rationale for preventive medicine in geriatric/gerontology education; 2) a summary of the activities of the geriatric offices of the seven medical schools in Ohio; 3) policy issues relevant to geriatric education; 4) models and suggestions for geriatric education. The results from two surveys are summarized. A limited number of copies are available at a cost of $5.00 from Dr. George Banziger, Department of Psychology, Marietta College, Marietta, OH 45750. (Phone 614/373-4643, extension 287).

Beattie, W.M. "Gerontology Curricula: Multidisciplinary Frameworks, Interdisciplinary Structures and Disciplinary Depth." The Gerontologist 14 (1974): 545-549.

Specific propositions are suggested for the development of academic programs relevant to gerontology. The interdisciplinary dimensions of gerontology are identified as critical for the design of administrative, curricula, and faculty approaches to aging. The relationships of theoretical research to application, the disciplines to the professions, and the academic to the larger society, including older persons, are dicussed.

Beck, J.D. et al. "Oral Health Status: Impact on Dental Student Attitudes toward the Aged." The Gerontologist 19 (December 1979): 580-584.

A study designed to evaluate the impact of oral health status upon dental student attitudes toward the aged suggests that the attitudes of students in gerodontic programs may become initially more negative due to exposure to the generally poor oral conditions of elderly patients.

Birenbaum, A.; Aronson, M.; and Seiffer, S. "Training Medical Students to Appreciate the Special Problems of the Elderly." The Gerontologist 19 (1979): 575-579.

This article discusses a summer work-study program for medical students which provided a training experience regarding the community elderly and their health and well-being. It represents, in microcosm, several of the elements of a gerontological component which need to be incorporated into the medical school curriculum. The potential for the creation of a training model is discussed.

Blum, J.E. "Clinical Gerontology: A Proposed Curriculum." In Geropsychology: A Model of Training and Clinical Service, pp. 127-134. Edited by W.D. Gentry. Cambridge, Massachusetts: Ballinger Publishing Co., 1977.

The author discusses a training program which is adaptable for a interdisciplinary mental health training center encompassing prevention, intervention, and rehabilitation, with community-based older adults as well as the fragile elderly residing in nursing homes and institutions. The proposed curriculum would be comprised of theoretical course work as well as clinical and research experience in the areas of 1) psychodynamics of the life cycle, 2) differential diagnosis and therapeutic intervention and 3) delivery and evaluation of community services to older adults.

Brennan, S.J. and Moravec, J.D. "A Multidimensional Approach to Continuing Education: Veterans Administration National Education Project on Aging." Paper presented at the 32nd Annual Scientific Meeting of The Gerontological Society, Washington, D.C., November 1979.

This paper describes and evaluates a two-year experience with the Moravec/Brennan model, for Veterans Administration Medical Center health care professionals, designed to impact the care of the aging veteran through an integrated, comprehensive continuing education effort in a specific content area.

British Society for Research on Ageing. "Theme: Organizing Courses on Ageing." Age and Ageing 8 (1979): 10, 122-125.

The British Society for Research on Ageing lists seven summaries of papers presented at a May 25, 1978 meeting at the Geigy Unit for Research in Ageing. Each paper focused on the theme: organizing courses on ageing in one of the following subject areas: psychology, cellular genetics, botany, biochemistry, clinical gerontology, zoology, and pathology.

Brocklehurst, J.C. Training Programmes in Geriatric Medicine. Manchester: University of Manchester, 1977.

The author, through his experience in Great Britain, makes the suggestion that geriatric medicine should be taught in three ways to doctors at three different stages in their careers. Firstly to the undergraduate medical student, secondly to the doctor who is training for a career in general practice, and thirdly for the specialist in geriatric medicine. The subject matter for each stage is discussed.

Brower, H.T. "A Study of Content Needs in Graduate Gerontological Nursing Curriculum." Journal of Gerontological Nursing 5 (1979): 21-28.

To date, that which is known and written about gerontology has been contributed primarily by social scientists in psychology, sociology and medicine. There has been a relatively recent stirring in nursing as well, and educators are beginning to determine what should be offered in a gerontologic nursing curriculum. Brower warns that educators should look first to gerontologic nursing practitioners for strong indicators of curricula needs.

Butler, R.N. "Psychiatry and the Elderly: An Overview." American Journal of Psychiatry 132 (1975): 893-900.

The psychiatric profession's therapeutic nihilism toward the elderly may reflect unresolved countertransference issues that result in a form of prejudice called "ageism". Many of the conditions labeled "senility" are actually manifestations of socioeconomic or medical problems that could be resolved with prompt, appropriate treatment. The author makes several recommendations: the creation of an interdisciplinary

nongovernmental commission on mental health and illness of the elderly, reexamination by psychiatrists of their attitudes toward the elderly, and proportionate representation of older individuals in psychiatric services, training, and research.

This one-page introduction to a series of six articles on the teaching of geriatric medicine stresses the need to prepare our students for the reality of our aging population. Dr. Butler hopes to see more student-elderly interaction and more research in the future of geriatric medicine.

Caird, F.I. "The State of British Medicine - Chapter 10. The Teaching of Geriatrics." Journal of the Royal Society of Medicine 71 (1978): 711-715.

If the body of knowledge and the particular skills involved in the modern health care of the elderly are recognized as being the foundation of a true specialty, then its teaching is a matter of growing importance to all concerned with medicine in its broadest sense, and should be a part of the basic education of all doctors and other health professionals, in addition to the need of many for detailed specialist training.

Chebotarev, D.F. "Importance of Research in Gerontology for Education and Training in Geriatrics." Educational Gerontology 1 (1976): 199-203.

The importance of using gerontological research data and data on relationships between the aged, family, and society is discussed. Emphasis is placed on 1) educating students to understand the development of diseases of the aged, 2) the significance of genetic factors on aging, 3) the relationship between chronological and biological age, and 4) the importance of physiological reactions in the aged to various types of treatment.

Coggan, P.; Hodgetts, P.G.; Holtzman, J.; Ryan, N; and Ham, R. "A Required Program in Geriatrics for Medical Students." The Journal of Family Practice 7 (1978): 735-739.

A compulsory geriatric training program has been developed in the Department of Family Practice at Southern Illinois University School of Medicine. The initial format is described, together with changes which occurred as a result of student, faculty, and patient feedback, practical problems encountered in conducting the program, and changes in educational goals.

Cohen, G.D. et al. "Geriatric Psychiatry Training: A Brief Clinical Rotation." American Journal of Psychiatry 137 (March 1980): 297-300.

The authors review general considerations in geriatric psychiatry training and describe a brief clinical rotation for working with the elderly. The rotation is presented as an effective use of limited time to improve one's approach to the older patient.

Connelly, J.R. "A Model for Organization and Evaluation of Short-Term Training." The Gerontologist 15 (October 1975): 442-447.

Connelly asserts that the Knowledge-Skill-Perceptiveness Training Model may be applied to both short- and long-term training within a spectrum of educational settings. He describes the probable impact of short-term training and suggests evaluative measures which can be applied to each component of the model.

Connor, T.P. and Gottesman, L.E. "Multidisciplinary Gerontology Training for Mental Health Professionals." Paper presented at the 30th Annual Scientific Meeting of the Gerontological Society, San Francisco, California, November 1977.

This paper describes the process, procedures, activities, products, and the results of a limited evaluation of a two-year pilot project to design a continuing education program in gerontology for mental health professionals. Suggestions for a model program are presented.

Copies of this paper can be obtained at cost by writing to Dr. L. E. Gottesman, Temple University Institute on Aging, 1601 North Broad Street, Philadelphia, PA 19122.

Cox, H. "Paraprofessional and Professional Training in Gerontology." Educational Gerontology 3 (1978): 259-264.

Comparison of two surveys - 1) the educational training programs in Indiana and 2) the Association for Gerontology in Higher Education survey of programs throughout the U.S. - indicates considerable disparity in courses and programs among universities across the nation. The basic question raised by these findings is whether a single model of a sound educational program for each level of training and each occupation in the field will be forthcoming.

Danish, S. and Smyer, M. "The Unintended Consequences of Requiring a License to Help." American Psychologist, in press.

Focuses on the four unintended consequences of licensure in the field of psychology: 1) effects on the profession of psychology, 2) effects on education and training in psychology, 3) effects on distribution and cost of services, and 4) effects on consumer's self-definition.

Dans, P.E. and Kerr, M.R. "Gerontology and Geriatrics in Medical Education." New England Journal of Medicine 300 (1979): 228-232.

This article summarizes the findings of an Institute of Medicine committee, whose recently completed report concludes that gerontology and geriatrics are not covered adequately in medical education. The committee rejected the idea of a practice specialty in geriatrics at this time, stating that more funds for training and research in gerontology and geriatrics are essential to increase the knowledge base and to encourage the development of knowledgeable faculty.

David, D. "Competency-Based Education in Gerontology." Paper presented to the Association for Gerontology in Higher Education, Denver, Colorado, March 1, 1980.

David states that competency-based education in gerontology bridges the gap between theory and practice, prepares students for prospective roles, and provides a better basis to evaluate student progress. She describes the process of designing a competency-based program, using examples from the experience of a community college which is developing a two-year associate degree program for mental health ancillary personnel in gerontology.

David, D., and Ehrenpreis, T. "Mental Health Paraprofessionals in Gerontology: Competencies for an Expanding Job Role." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

This study identified skills (competencies) needed by paraprofessionals providing psycho-social support services in a variety of gerontological settings in order to: 1) clarify appropriate ancillary personnel functions and 2) develop a model for competency-based curricula. Eleven basic competencies were judged important for ancillary personnel; ability to make appropriate referrals and intervention techniques were rated most essential.

Copies of this paper can be obtained at cost by writing to Dr. Debra David, Elgin Community College, 1700 Spartan Drive, Elgin, IL 60126.

DeRidder, J.A. "The Guided Design System in Gerontology Education." Paper presented at the 31st Annual Scientific Meeting of the Gerontological Society, Dallas, Texas, November 1978.

DeRidder presents the guided design system in a manner that is both easily comprehensible and adaptable to other academic settings. Instructions to the teacher and the student guide them through each level of problem understanding and feedback system provides further instruction. Examples of the system are presented. The system has received favorable responses from students and teachers.

Copies of the paper can be obtained at cost by writing to: Dr. Joyce DeRidder, Houston Baptist University, 7502 Fondren Road, Houston, TX 77074.

Dosa, M.L. and Brindle, E.A. "Impact of Information and Data Support for Practitioners Working with the Elderly." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

The Gerontological Information Program (GRIP), an information and data support system for the dissemination of research findings to practitioners, was reviewed by the authors to 1) measure effectivenss of information support, 2) determine how the information was used by administrators and service deliverers, 3) how it was shared between the user and other practitioners, 4) what was the

user-perceived quality of information and value of the service. The results of the review were favorable. Users saw themselves and others benefiting from the system; assistance in problem solving and time saving were other positive results.

Edinberg, M.A.; Tsuda, M.K.; and Gallagher, E.S. "Training Interdisciplinary Student Health Teams in a Gerontological Setting." Educational Gerontology 3 (1978): 203-213.

An interdisciplinary health care experience for six student teams in a gerontological setting was developed by faculty at the School of Medical Sciences, University of Nevada, Reno. Student teams faced many of the problems encountered by other interdisciplinary health care teams, including role definition, role negotiation, decision making, and conflict resolution. Faculty members offer advice to those interested in training student interdisciplinary gerontological health care teams based on their experiences.

Ehrenpreis, T. and David, D. "Designing Competency-Based Training Materials for Gerontology Paraprofessionals." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

The authors describe the process used to identify competencies, select appropriate resources, and develop, organize, and evaluate training units to develope competency-based training materials for ancillary personnel working with the elderly. Each unit is comprised of student learning competencies, suggested presentation methods, rationale, outside projects, and assessment strategies.

Copies of this paper can be obtained at cost by writing to Dr. Debra David, Elgin Community College, 1700 Spartan Drive, Elgin, IL 60126.

Feldman, J.; Burke, R.E.; and Schwarzmann, J. "Analysis of the Training of Unlicensed Long-Term Care Personnel." Journal of Long Term Care Administration 6 (1978): 1-11.

Currently, the training of unlicensed long term care personnel is fragmented and disorganized. After careful review of regulatory issues, manpower issues and career issues, the authors offer training guidelines and recommendations which they hope will lead to an improved quality of life and care for residents of long term care facilities.

Fiedler, K. et al. "Undergraduate Medical Education in Geriatrics: Nursing Home Experience." Journal of Family Practice 4 (May 1977): 869-871.

The authors describe an elective geriatric education course for preclinical medical students which combined instruction in history-taking, physical diagnosis and problem-oriented assessment of elderly patients in a nursing home. The students gained an appreciation for geriatrics and the nursing home gained a valuable service.

"Final Recommendations of the American Geriatrics Society Conference on Geriatric Education." Journal of the American Geriatrics Society 25 (November 1977): 510-513.

A series of recommendations were made as the result of a two-day conference on geriatric education, held in the Spring of 1977. The recommendations can be categorized into: education and curriculum development, legislation, faculty development, conferences, interdisciplinary center training sites, medical directorship of long term care facilities, and the role of geriatrics within medical organizations.

Foley, H.A. Geriatric Education for Health Professionals. Washington: National Institutes of Health, January 1980.

This paper was presented at the National Advisory Council on Aging. Dr. Foley's comments are in the form of short blurbs; much of the information presented related to HRA's current programs and future needs for geriatric training. The importance of mainstreaming geriatrics and other components of health care for the aged is stressed.

Ford, C.V. and Deichman, E.S. "Training the Trainers in Long Term Care." Long Term Care Health Service Administration Quarterly 3 (1979): 130-138.

Careful planning and preparation resulted in a favorable evaluation of this program workshop for training non-professional staff in long term care. Program goals, objectives and components are listed and can be easily replicated in other settings.

Freeman, J.T. "A Survey of Geriatric Education: Catalogues of United States Medical Schools." Journal of the American Geriatrics Society 19 (1971): 746-762.

The 1969-1970 catalogues of medical schools in the United States were reviewed for their curriculum content and staff appointments with respect to the subject of aging. Rigid guidelines were used to determine specificity of designation. There were 124 citations in 48 of 99 catalogues, and there were 15 staff appointments under the heading of geriatrics or gerontology. The author concluded that the question of geriatric education has not made much impact upon scholastic policies of U.S. medical schools. There are too few educational centers where gerontological training is available.

Gatz, M.; Hurley, D.; and Nagel, G.S. "Community Geropsychology: Issues of Training and Service." In Geropsychology: A Model of Training and Clinical Service, p. 111-126. Edited by W.D. Gentry. Cambridge, Massachusetts: Ballinger Publishing Co., 1977.

This chapter is addressed to defining, assessing, and integrating the concepts of gerontology and community psychology, and to exploring the implications of a community geropsychology model for training and service. Implementing this model is possible with the underlying principles of shared responsibility, joint problem solving, and consultation and collaboration directed toward strengthening the community's own resources.

"Geriatrics: Improving the Quality of Life as Well as Prolonging It." The Mount Sinai Journal of Medicine 47 (March-April 1980).

This issue, devoted to geriatrics, includes articles describing a medical school curriculum in gerontology and geriatric medicine, current research in geriatric medicine, physiologic changes of aging, and planning a continuum of care for the elderly.

Goldman, L.; Brimigion, J.; and Miller, M.B. "The Interdisciplinary Approach: Issues in Team Function." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

The purpose of this paper is to explore the structure, function, leadership role and outcome of the interdisciplinary process in the long term care setting. Results demonstrated that optimum team function occurs when 1) a leader delegates individual responsibility for certain tasks, 2) team members have a knowledge of the resources available in other disciplines and 3) roles are meshed as needed.

Copies of this paper can be obtained at cost by writing to L. Goldman, Nathan Miller Center for Nursing Care, White Plains, NY 10605.

Goldman, R. "Geriatric Education at the Undergraduate Level." Journal of the American Geriatrics Society 25 (November 1977): 485-486.

Attempts to introduce material on geriatrics and gerontology into the undergraduate medical curriculum have been frustrated by the concept that there is no relevant substantive information to be taught, combined with a subtle subjective distaste for the management of decrmeental disease, dementia and death. The problems are to mitigate the subjective attitudes and to demonstrate that there are important substantive data worthy of inclusion in the curriculum. The author offers several recommendations which should be taken into consideration.

Gruber, H.W. "Geriatrics - Physician Attitudes and Medical School Training." Journal of the American Geriatrics Society 25 (November 1977): 494-496.

Three hundred and forty-four physicians completed a survey which reflected their attitudes toward the aging. The survey revealed that medical care of aged patients in the United States is characterized by negativism, defeatism, and professional antipathy. Statistical breakdowns on the number of schools offering electives in geriatrics and training rotations through nursing homes are also given.

Gunter, L.J. and Estes, C.A. Education for Gerontic Nursing. Springer Publisher, New York, N.Y., 1979.

A paper presented by Estes and Gunter at the 1977 Gerontological Society meeting titled "Gerontic Nursing Education" was incorporated into this book. The book has several chapters, each of which deals with curriculum for differing levels of education.

Hall, G.G. and Starkman, M.N. "Incorporation of Gerontology into Medical Education." Journal of the American Geriatrics Society 27 (1979): 368-373.

This study at the University of Michigan Medical School explores the feasibility of introducing gerontology into medical education by utilizing the framework of an existing clinical program such as the Psychiatry Consultation-Liaison Program. The objectives of the program were to impart didactic information and to counteract negative attitudes leading to disinterest in evaluating and treating the elderly. The results indicated a positive impact.

Hameister, D.R. "A Design of Inservice Education for Nurses' Aides in a Nursing Home Setting." Journal of Continuing Education in Nursing 8(1977): 6-12.

The purpose of this study was to identify the specific training needs of nurses' aides and to detemine the appropriateness for inclusion in an inservice training program. Nearly three hundred competency-based tasks were grouped into 16 common clusters and analysed by nursing home administrators and charge nurses to determine the need for inclusion in the program. Utilization of the proposed model is based on the assumption that the nursing home has no on-going training program.

Harbaugh, J.D. "Clinical Training and Legal Services for Older People: The Role of the Law Schools." The Gerontologist 15 (1976): 447-452.

Law schools have recently undertaken clinical methods which permit law students to represent indigent civil or criminal clients. Seven programs are described and represent various approaches, all of which indicate the importance of granting academic credit, dedication of sufficient resources for supervision and emphasis on skills development and interdisciplinary study.

Hickey, T. "Continuing Education in Gerontology for Allied Health." Journal of Allied Health 4 (1975): 5-12.

This paper discusses the underlying issues in the assessment of continuing education programs, in-service training and other educational interventions for health providers. A case-study approach offers an analytic framework for the discussion of these issues as well as the program's relation to the university's knowledge production function.

Hickey, T. "Inservice Training in Gerontology: Toward the Design of an Effective Educational Process." The Gerontologist 14 (February 1974): 57-64.

Hickey describes an on-site training program, presented to all staff for the purpose of initiating informational, attitudinal, and behavioral change. He stresses, that at least initially, as much emphasis should be placed on the process of organizing and delivering the presentation, as on the content of the material to be learned. In evaluating the program, Hickey states that results are qualitatively positive, but it is too early to assess whether measures such as staff turnover rate, job satisfaction and the like are affected.

Hickey, T. "Simulating Age-Related Sensory Impairments for Practitioner Education." The Gerontologist 15 (October 1975): 457-463.

The author describes a program where students (the practitioners) can experience, through simulated techniques, different forms of sensory deprivation that many elderly persons experience in their daily lives. The objectives of this program were not only to teach practitioners about physiological changes in aging and how these changes necessitate modified communication methods with the elderly, but also to specify teaching techniques and content areas which address the needs of the adult learner (the practitioners). Positive evaluations validated that short-term training and continuing education sessions were needed and useful.

Hickey, T. and Fatula, B. "Nursing Staff Training for an Effective Geropsychiatric Environment." JPN and Mental Health Series (January-February 1975): 15-20.

An environmental therapy training program was presented to staff within two institutional settings, both caring for elderly patients, but with a differing overall orientation. Site A provided care for people who had originally been admitted for psychiatric care and who grew old in the institution. Care was primarily of a maintenance nature. Site B was a small rehabilitation center whose function was to diagnose and assess the older patients for appropriate placement in nursing homes, boarding residences, or a return to their homes. The program, though the same and developed in a university center, had differing impacts at each of the sites, with resultant implications for future training programs.

Hogan, D.B. The Regulation of Psychotherapists. Cambridge, Massachusetts: Ballinger Publishing Co., 1979.

Hogan's four-volume set describes the evolution of present-day psychotherapy professions, the practitioners of psychotherapy, the regulating bodies, whether the public has been duly protected, and a comprehensive alternative framework for professional regulation.

The subtitled texts are as follows:

Volume 1. A Study in the Philosophy and Practice of Professional Regulation.
Volume 2. A Handbook of State Licensure Laws.
Volume 3. A Review of Malpractice Suits in the United States
Volume 4. A Resource Bibliography.

Holtzman, J.M.; Beck, J.D.; and Coggan, P.G. "Geriatrics Program for Medical Students. II. Impact of Two Educational Experiences on Student Attitudes." Journal of American Geriatrics Society 26 (1978): 355-359.

This report concerns the stability of, and changes in, medical students' attitudes toward the aged after participation in one of the following types of geriatric educational experience: 1) a Family Practice clerkship, or 2) a selective course in Medical Humanitites. Both experiences resulted in posititve changes in general attitudes. Implications for the geriatric training of physicians are discussed in the light of these findings.

Holtzman, J.M.; Beck, J.D.; Hodgetts, P.G.; et al. "Geriatrics Program for Medical Students and Family Practice Residents. I. Establishing Attitudes toward the Aged." Journal of the American Geriatrics Society 25 (November 1977): 521-524.

A program designed to improve medical students' and Family Practice residents' attitudes toward the aged is described. The Part II article (above) by Holtzman, Beck and Coggan evaluates this first program.

Hulicka, I.M. and Morganti, J.B. "An Undergraduate Concentration in the Psychology of Aging: Approach, Program, and Evaluation." Educational Gerontology 1 (1976): 107-108.

This guide describes different levels of courses in the area of gerontology and gives suggestions for course objectives, textbooks, audiovisual materials, project and term paper topics, along with bibliographic and other relevant resources. The book can be obtained in paperback for $5.95.

Ingman, S.R.; Panicucci, C.; and Hofmeister, R. "Toward a Comprehensive Geriatric Educational Experience." Journal of the American Geriatrics Society 27 (1979): 320-324.

A description of the goals and accomplishments of a program in geriatric education and training is presented. Emphasis is on the potential role of departments of family and community medicine. The most successful program seems to focus upon the clinical, basic social and biological knowledge and skills required to treat the elderly.

Jacobson, S.B. and Juthani,N. "The Nursing Home and Training in Geropsychiatry." Journal of the American Geriatrics Society 26 (1978): 408-410.

A program whereby second-year residents in psychiatry at the Bronx-Lebanon Hospital are given regular assignments, under supervision, at the Daughters of Jacob Geriatric Center is illustrated. Departments of psychiatry seeking to diversify and improve their residents' expertise in a vital but relatively neglected aspect of mental health should explore the use of the nursing home for this purpose.

Jelly, E.C. and Hawkinson, W.P. "Geriatric Education in a Family Practice Residency Program - an Interdisciplinary Health-Care Team Approach." The Gerontologist 20 (1980): 168-172.

Students and residents were given the opportunity to rotate through the Family Practice Center to gain experience in the care of older patients and to participate as part of an interdisciplinary health care team. Evaluation, given some substantial changes, suggested strong support for the project.

Kalchthaler, T. "The Role of Geriatrics in a Family Practice Residency Program." Journal of the American Geriatrics Society 25 (September 1977): 427-429.

The objectives of the geriatrics program in Family Practice at St. Joseph's Hospital and Nursing Home of Yonkers are outlined. The family practice resident spends 1-2 months on the geriatric service and is exposed to the problems of aging and varied aspects of long term care through several programs which are described in the paper.

Kane, R.; Solomon, D.; Beck, J.; Keeler, E.; and Kane, R. "The Future Need for Geriatric Manpower in the United States." New England Journal of Medicine 302 (June 12, 1980): 1327-1332.

Kane, Solomon, et al have projected the needs for medical geriatric manpower for the next 50 years under four different models: continuation of the status quo, academic geriatricians only, provision of care by academic and consultant geriatricians, and provision of care by academic, consultant, and primary care geriatric practitioners. The delegation of responsibility to non-physician clinicians is also explored. The implications of these patterns assume present usage levels and allow for improved care of the elderly.

Kelly, J.G. "'Tain't What You Do, It's The Way That You Do It." American Journal of Community Psychology (_____): 245-257.

Kelly has done extensive work in the field of community psychology, for which he was recently awarded the Distinguished Contributions Award. An example of his work, "'Tain't What You Do, It's the Way That You Do It" points out that work process is equally as important as the content. Kelly further identifies three guidelines about the processes of doing community psychology: creating resources for ourselves, expressing competencies in diverse settings, committing time and energy.

"Keyword Index to Training and Educational Resources in Aging, 10th ed. Durham, North Carolina: Duke University Center for the Study of Aging and Human development, Fall 1979.

Now in its 10th and final edition, the KWIC Index is a valuable listing of materials in training for service to the aging. Materials are organized by keyword, by author, and by "browsing category". Coded screening data contains information about the expressed purpose, specified audience, stated objectives, and evaluation instruments included in the document. Available from the KWIC Project, Box 3003, Duke University Medical Center, Durham, North Carolina 27710. (Phone 919/ 286-5618). Price $15.

Kleinman, L. et al. "A Gerontologic Nurse Practitioner Program." Nursing Clinics of North America 14 (December 1979): 641-651.

A gerontologic nurse practitioner program is described by the author. The 42-credit, Master of Science in Nursing program produces clinical specialists in the primary health care of the aged. Program goals, definitions, objectives, and curriculum plans are described. The author shares the problems and successes encountered with the 4-year old program.

Lesnoff-Caravaglia, G. "Outreach in Educational Gerontology." Educational Gerontology 4 (1979): 175-182.

Classroom lectures are not the only successful medium for presenting geriatric instruction. Sangamon State University offered a 2-hour course entitled "Perspectives on Aging" to 24 students of differing disciplines by radio broadcast. A study guide, interdisciplinary text, and a book of readings supplemented the broadcasts, which were aired for an hour once weekly throughout the semester. Place-bound and on-campus students were able to attend the broadcasts, as were interested community members.

Libow, L.S. "Graduate Education: Model B." Journal of the American Geriatrics Society 25 (November 1977): 488.

The Advisory Committee to the American Geriatrics Society clarified three models of graduate geriatric education - A, B and C. Model B consists of a one-to-two-year specialized period in certain residencies, such as Family Practice, Internal Medicine and Psychiatry. At the completion of this training effort, the physician will have his "board" in his specialty with additional specialty skills in geriatric medicine. The goal of the Model B program is to produce leaders in the field of geriatric medicine.

Libow, L.S. "A Geriatric Medical Residency Program: A Four-Year Experience." Annals of Internal Medicine 85 (1976): 641-647.

Two New York-based geriatric residency programs are discussed by the author: 1) Mount Sinai Hospital Center; and 2) Jewish Institute for Geriatric Care at Long Island Jewish-Hillside Medical Center. The goals of this training are to develop special clinical skills to deal with the medical and psychosocial problems of the elderly, and to achieve the ability to develop health care systems for the elderly. Emphasis is on a multi-leveled system, including home, outpatient, acute hospital, convalescent unit and long term institutional care. The training period is 12 to 24 months, after an initial 24 to 36 months of standard internal medicine, thus fulfilling the requirements for board elegibility in internal medicine.

Mazur, H.; Beeston, J.; and Yerxa, E. "Clinical Interdisciplinary Health Team Care: An Educational Experience." Journal of Medical Education 54 (September 1979).

The Rancho Los Amigos Hospital was the site for a series of interdisciplinary team training sessions conducted from 1972 through 1975. Student participants were from disciplines of hospital administration, occupational therapy, social work, nursing, physical therapy, and medicine. Mazur et al describe the process the teams engaged in, evaluation results, and implications for future interdisciplinary team training programs.

Michelmore, P.A. "A Model Geriatric Health Care System: Coordinated Endeavor of Patient Care and Physician Training." Geriatrics 30 (1975): 146-155.

Michelmore gives an account of the geriatric training program at the Mount Sinai School of Medicine City Hospital Center at Elmhurst in Queens, New York. Dr. Leslie Libow, director of the program, integrates knowledge of problem areas that are unique to the elderly with care of the elderly, and hopes to provide an impetus that will encourage other medical programs to follow suit.

Miller, M.B. "Restructuring Medical Education for Management of the Chronically Ill and Aged." Journal of the American Geriatrics Society 22 (1974): 501-510.

Miller gives an overview which describes why physicians are presently ill-prepared to care for the aged. The current practice of medicine is diagnosis-oriented, as opposed to the treatment and management orientation which is required to care for the elderly. The health care delivery system, medical education (with its preoccupation with acute care), hospital environmental function, among other variables, reinforce inadequate delivery of gerontologic medicine. Miller stresses the need for restructuring of medical school and postgraduate education.

Monk, A. "Gerontological Education: Propositions for Curriculum Planning in Higher Education." Educational Gerontology 3 (1978): 265-275.

Monk states that there is and will continue to be an increased need for professionals skilled and educated in gerontology. To adequately prepare for anticipated needs, he implores curriculum planners at the university and college level to take into account the policy adjustments to the demographic aging of our society; reappraisal of an extended individual life cycle; the socio-experimental quality of new gerontological social policies; and the emerging concern for ecological determinants of human behavior, as a means for generating alternatives to institutionalization.

Moore, J.T. "Functional Disability of Geriatric Patients in a Family Medicine Program: Implications for Service, Education, and Research." Journal of Family Practice 7 (1978): 1159-1166.

Elderly patients at the Duke-Watts Family Medicine Center were surveyed to collect demographic, social, economic, mental and physical health, and activities of daily living data. The results of the survey indicated that family physicians need to know how to perform a multidimensional functional assessment to formulate a comprehensive treatment plan for their elderly patients.

Moore, J.T. and Kane, W.J. "Geriatric Training in Family Medicine: The Natural History of a Developing Program." Journal of Family Practitioners 8 (1979): 79-83.

This paper describes the training program in geriatric medicine that has been developed by the Duke-Watts Family Medicine Program and the Duke University Center for the Study of Aging and Human Development. It reviews the establishment of the program, describes the development of a training program in geriatric medicine in other settings.

Moore, W. and Campbell, R. "A Pilot Training Program and Evaluation of Training for an Area Agency on Aging." Paper presented at the 31st Annual Scientific Meeting of the Gerontological Society, Dallas, Texas, November 1978.

In this paper, Moore and Campbell have described the steps taken to establish a training program tailored to the needs of the Agency Services Network in Houston in the summer of 1977. Based on an assessment of the program, they have made recommendations for the development of new centers.

Myers, A.C. "Gerontology as an 'Add on' for Practitioners - A Continuing Education Program for Mental Health Professionals." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

An intensive 20-day continuing education program was developed for professionals from various diciplines who have little or no knowledge of gerontology but who are in positions of responsibility for providing mental health services to older adults. Objectives, specific competencies to be mastered and the training activities are discussed by the author.

Copies available at cost from Mrs. Alice C. Myers ACSW, Box 2914, OARS-GET Clinic, Duke University Medical Center, Durham, NC 27710.

O'Driscoll, R.W. et al. "Preparing Nurse Graduates for Gerontology: A Cooperative Venture." Nursing Clinics of North America 14 (December 1979): 653-664.

In this article, a nurse educator and a nurse director establish the need for nurses in gerontology and examine, from their own perspectives, some methods to prepare and encourage nurses to enter this field.

Panneton, P.E. and Wesolowski, E.F. "Current and Future Needs in Geriatric Education." Public Health Reporter 94 (1979): 73-79.

This article points out that the demand for gerontology practitioners is increasing and describes the steps taken by the Bureau of Health Manpower to assure that the needs of the elderly will be met. Programs within the Divisions of Medicine, Nursing, Dentistry, and Associated Health Professions, among others, have been described, as well as plans for the future.

Patterson, S. "A Model for Interdisciplinary Education in Gerontology." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

In "A Model for Interdisciplinary Education in Gerontology," Patterson presents guides to the objectives of the training program, team components - including size of staff, field setting selection, practicum requirements, and supportive classroom content.

Peterson, D.A. and Bolton, C.R. Gerontology Instruction in Higher Education. New York: Springer Publishing Company, 1980.

Peterson and Bolton have provided an historical overview of gerontology at the post-secondary education level. They have identified and analyzed issues confronting the field and have designed guidelines for program, curricula, and faculty and administrative development.

Pfeiffer, E. "The Need for Faculty Development in Geriatric Medicine." Journal of the American Geriatrics Society 25 (November 1977): 490-491.

The author recommends that the Congress enact legislation for a new program to stimulate curriculum and faculty development in the field of geriatric medicine. He suggests that approximately 30 new faculty positions - ten each in the fields of Internal Medicine, Family Medicine, and Psychiatry - are needed to educate future health care providers. Given these newly-created faculty positions, the outcomes would include: 1) operational curricula in geriatric medicine; 2) supervised clinical experience in long-term care; and 3) the influx of questioning student-professionals into existing long term care settings.

Pickett, M.; Newman, E.S.; Gewirtz, M.; and Sherman, S.R. "The Development of Curricula in Gerontology for the Public Service Sector." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

The authors discuss a pilot project which was undertaken to develop career training curricula in gerontology appropriate for state administrative personnel. Administrative staff representatives were asked to react to training modules. Curriculum content developed as a result of their recommendations are discussed.

Copies of this paper are available at cost from Evelyn S. Newman, Institute of Gerontology, SUNY at Albany, Richardson Hall-277, Albany, NY 12222.

Raber, P.E. "Geriatrics as a Specialty: Pros and Cons." Geriatrics for the Primary Care Physician 35 (June 1980): 23-31.

Raber describes the evolution of the new subspecialist, the geriatrician. She discusses why there is a need for such a specialist, addresses the need to integrate geriatricians into the present health care delivery system, and speaks to competency and certification-related issues.

Rao, D.B. "The Team Approach to Integrated Care of the Elderly." Geriatrics (February 1977): 88-96.

Rao describes what distinguishes the care of the elderly from the care of other health care clients, and describes why integrated care is the best and a necessary route for health care providers to follow.

Reichel, W. "Curriculum Development." Journal of the American Geriatrics Society 25 (November 1977): 507-509.

A positive approach for effective change for curriculum development in geriatrics is to emphasize that aging is already being taught and that this teaching can be expanded - in other words, to form a matrix between a geriatic interest and an already existing core curriculum. The author gives two examples of curricular material in geriatrics.

Reichel, W. "Graduate Education: Model A." Journal of the American Geriatrics Society 25 (November 1977): 487.

The Advisory Committee to the American Geriatrics Society clarified three models of Graduate Geriatric education - A, B and C. Model A comprises an increased emphasis on geriatrics by means of curriculum development and increased practical training opportunities in existing residency programs. Family Practice, Internal Medicine, Psychiatry, Surgery, Gynecology and Dermatology are among the specialties which could incorporate increased curricular information and training experience in their programs.

Reichel, W. "Graduate Education: Rejection of C Model." Journal of the American Geriatrics Society 25 (November 1977): 489-491.

Model C is a full board-certified specialty of geriatric medicine. This model was rejected by group (Advisory Committee to the American Geriatrics Society) consensus because it was felt that another full-fledged specialty would lead not only to friction and confusion between medical specialty organizations and their training programs but would also lead to confusion for the public. The fragmentation of continuity of care and supervision that still another type of specialist would represent to the elderly patient would be counterproductive.

Reichel, W., ed. "Proceedings of the American Geriatrics Society Conferences on Geriatric Education." Journal of the American Geriatrics Society 25 (November 1977): 481-513.

These proceedings from the AG's conference on geriatric education contain 12 position papers, final recommendations and suggested additional reading. This conference represented one of the first major attempts to clarify alternative models and strategies of geriatric education. The papers are listed by author in this bibliography.

Riegel, B. "Gerontology/Geriatrics by State Mandate." Paper presented at the 31st Annual Scientific Meeting of the Gerontological Society, Dallas, Texas, November 1978.

Riegel outlines the impact of the Begala Bill in the state of Ohio. This bill, passed in 1977, mandated that programs in geriatric medicine be established and/or enhanced. He specifically addresses the changes that have been made at the Wright State University Campus.

Robbins, A.S. et al. Education Program and Product Guide for Geriatric Medicine.

A comprehensive volume describing the state of the art of geriatric medical education, to be published in Spring 1981. It will contain reviews of over 160 recent books in areas of clinical geriatrics and long term care, nursing, dentistry, pharmacology, geropsychiatry and interdisciplinary professions, complete with coding of content material and suggested audience. It will include a collection of key journal articles and a description of audiovisual materials appropriate for a physician audience. Finally, it will contain a compendium of objectives, formulated by leaders in the field in Canada, the United Kingdom, and the United States.

Information about this ambitious project, funded through the Veterans Administration Central Office, is available from Dr. John Beck, Professor of Medicine and Director of Multi-Campus Division of Geriatric Medicine, University of California at Los Angeles, Los Angeles, CA 90024 (213) 825-8253.

Roberts, B.H. Final Report on Summer 1977 Research Fellowship for Gerontologists, Concord, New Hampshire: New Hampshire Council on Aging, 1977.

According to Roberts, the objectives of study were to: 1) survey all 31 post-secondary educational institutions in the State of New Hampshire to determine what gerontological course content, educational activity, and services about and for elderly were offered; 2) develop a useable list of all New Hampshire providers of programs and services for the elderly; 3) survey the interests and needs of persons providing services to the elderly; 4) utilize a gerontological curriculum-stimulating seminar as a mechanism to draw attention to education needs in gerontology in New Hampshire at both academic and provider training levels. The research design is included, as are all survey forms.

Rodstein, M.A. "A Model Curriculum for an Elective Course in Geriatrics." Gerontologist 13 (1973): 231-235.

Rodstein provides a brief historical overview of geriatric medical education in this country and provides a model curriculum which is to be adapted to fit the needs of individual programs and students.

Rubin, I.M.; Plovnick, M.S.; and Fry, R.E. Improving the Coordination of Care: A Program for Health Team Development. Cambridge: Ballinger, 1975.

This is a basic text designed to help health workers better coordinate their efforts to deliver care. It provides all the who's, when's, and why's of goal setting, role negotiations, role definition, decision-making, and planning.

Schonfield, D. and Chatfield, S. "Goals, Purposes, and Future of Undergraduate Education in the Psychology of Aging." Educational Gerontology 1 (1976): 391-397.

The Department of Psychology at the University of Calgary, in Calgary, Alberta, Canada, has included two undergraduate courses in gerontology in its curriculum. The authors contend that introductory level gerontology courses should be firmly tied to the university's liberal arts core and that implications of gerontological research should be emphasized, rather than the creation of advocacy groups.

Seltzer, M.M.; Sterns, H.; and Hickey, T. Gerontology in Higher Education: Perspectives and Issues. Belmont, California: Wadsworth Publishing Company, 1978.

This volume contains an eclectic collection of papers (most of which were presented at the 1977 annual meeting of the Association for Gerontology in Higher Education) which describe the state of the art in gerontology today. They characterize the third stage of development, identified by Hickey, as the coordination of working together, made more difficult by limited resources. Major categories include: Current Perspectives, Future Directions, Functions of Academic Gerontology and Issues in Program Development, Curriculum Development, Manpower Needs and Career Opportunities, Special Service Aspects of College and University Programs, and Introduction to Administration.

Seymour, E., ed. Psychosocial Needs of the Aged: A Health Care Perspective. Los Angeles: University of Southern California, Ethel Percy Andrus Gerontology Center, 1978.

This updated edition of the original, The Psychosocial Needs of the Aged: Selected Papers, has been expanded for use by nurses and other practitioners working with the elderly. Articles included address health assessment of the elderly, psychosocial needs, nursing care of the aged, and staff training for the psychosocial dimensions of care in long term care facilities.

Shore, H. "Designing a Training Program for Understanding Sensory Losses in Aging." The Gerontologist 16 (1976): 157-165.

Shore's article describes techniques which have been developed for research and teaching purposes on sensory losses that accompany aging. Participants engage in exercises which simulate visual, auditory, tactile, olfactory, gustatory, and kinisthetic losses so that they can better understand how environmental and professional interaction can assist, support, and enhance coping and functioning by older persons.

Sickler, M. "Education and Training Manpower Needs." In Care of the Elderly, pp.225-234. Edited by A.N.. Exton-Smith and J.G. Evans, London: Academic Press, 1977.

Sickler reviews the training and manpower needs in the field of gerontology from the late 1960's through the mid-1980's. He also provides a brief synopsis of problems and issues confronting the field of aging and what courses we might take to ameliorate them.

Smith, C. and Cook, I. "Training Students to Work with Minority Aged: An Experimental Approach." Paper presented at the 32nd Annual Scientific Meeting of the Gerontological Society, Washington, D.C., November 1979.

This paper describes a program designed to train students to work with minority aged and its evaluation focusing in 3 areas: 1) coordinating the needs of agencies with the learning needs, skills, interests of students, 2) the use of differential approaches to the sensitization of students to the special needs of minority aged and 3) discussion of theoretical issues which contribute to the underlying bases of the content and form of the program.

Copies of this paper are available from Irene Luckey Cook, Hunter-Brookdale Center on Aging, 440 E. 26th Street, New York, N.Y. 10010.

Smyer, M.A. and Gatz, M. "Aging and Mental Health: Business as Usual?" American Psychologist 34 (March 1979): 240-246.

Smyer and Gatz argue that another subspecialty, geropsychiatry, is not needed, but rather an integration of already existing expertise in such areas as lifespan development, clinical psychology, and community psychology.

Solon, J. "Long-Term Care Training Sites in Medical Education." Journal of the American Geriatrics Society 25 (November 1977): 505-506.

The author stresses that it is extremely important that geriatric medicine be explicitly taught and practiced in the "mainstream settings" such as inpatient services, outpatient clinics, emergency rooms as well as the institutional and home settings. Training settings which deal with the well aged would help balance the student's exposure and thus undermine the stereotyped negative view of the old so common among physicians.

Somers, A.R. et al. "Teaching Geriatric Care: Report on an Experimental Second Year Elective." Journal of Family Practitioners 6 (March 1978): 573-578.

Somers et al describe an experimental elective in geriatric medicine offered during the second year of medical school. The curriculum consisted of eleven three-hour didactic sessions as well as clinical experiences. Attitudes of students toward the elderly were improved and further course improvements were discussed.

Starkman, M.N. et al. "Teaching Medical Gerontology: Utilization of a Psychiatry Consultation Program." Journal of Medical Education 54 (August 1979): 643-648.

A non-physician gerontologist designed and implemented a clinically-based teaching pilot program as the mode for teaching medical gerontology to psychiatric and medical/surgical house officers and medical students. The goals, general techniques, educational content and implementation procedures are included in this paper, which states that the teaching of medical gerontology through a clinical Adult Service Psychiatry Consultation-Liaison Program is both effective and feasible.

Steel, K. "Continuing Education in Geriatrics." Journal of the American Geriatrics Society 25 (November 1977): 492-493.

As the care of the elderly does comprise a striking disproportionately large component of primary care, and as funding for primary care programs is becoming available, the medical and nursing schools are beginning to consider the development of a geriatric content for all levels of education. It is hoped that closer association will develop because of the increased educational emphasis on geriatrics and gerontology between schools of higher learning and long-term care facilities so that the appropriate teaching, research and clinical will take place.

Storandt, M. "Graduate Education in Gerontological Psychology: Results of a Survey." Educational Gerontology 2 (1977): 141-146.

This survey was prompted as the result of large numbers of students requesting information about doctoral programs in the psychology of aging. The survey was conducted by the American Psychological Association Division 20 1975-1976 Education Committee. Storandt describes the study in depth and concludes that though many departments of psychology felt they should offer courses in aging, 60% did not offer graduate coursework in gerontology.

Strandt, M. and Whitbourne, S. "Graduate Education in the Psychology of Adult Development and Aging." Results of a survey conducted by the Education Committee of Division 20 (Adult Development and Aging). Washington, D.C.: American Psychological Association , 1979.

This booklet provides information concerning opportunities for graduate study in the psychology of adult development and aging, fifty-five graduate programs are described, as well as Departments of Psychology which do not have a graduate training program in the psychology of adult development and aging, but which offer one or more graduate courses in this area. Additional listed institutions offer undergraduate courses; have students who have done dissertations, completed practica or internships in gerontology-related areas; or have individuals in Departments of Psychology who are interested in taking post-doctoral students.

Stout, R.W. et al. "A New Undergraduate Teaching Course in Geriatri c Medicine." Medical Education 13 (September 1979): 363-367.

Stout and Baniber describe the process of creating a new course in geriatric medicine in the United Kingdom. They discuss the establishment of course objectives and teaching methods, such as clinical, topic and project teaching, case conferencing, clinical attachment and the creation of a teaching manual to supplement other texts. The course is included late in the students' curriculum which the students have working knowledge of clinical medicine, therapeutics and pathology.

Sullivan, T.J. "An Experience with a Systems Approach to Curriculum Design." Journal of Nursing Education 16 (1977): 25-34.

This article describes the utilization of the systems approach in the development of a program of curriculum and instruction for the education of gerontological nurse practitioners.

"Training General Practitioners in Geriatric Medicine." Journal of the Royal College of General Practitioners 28 (1978): 355-359.

Several educational objectives in geriatric medicine are described in this report. Five major areas are given emphasis in training: human development, human behavior, medicine and society, health and diseases, and the practice. The author feels that geriatric medical education and training should begin at the undergraduate level and continue throughout the practitioner's career.

U.S. Congress. Senate. Special Committee on Aging. Training Needs in Gerontology. Hearings before the Special Committee on Aging, 94th Congress, 1st Session, 1975.

These proceedings represent two days of testimony on training needs in gerontolgy, precipitated by a failure of the President to request renewal monies for training programs under OAA and other programs mandated by P.L. 993-29. The hearing participants raise salient issues underlying geriatric training such as the growing aged population and increased demand for geriatric manpower, as well as the need for continued funding to train minority practitioners.

U.S. Department of Health, Education and Welfare. Public Health Service, Health Resources Administration, Bureau of Health Manpower. Pharmacy and The Elderly: An Assessment of Pharmacy Education Based on the Needs of the Elderly and Recommendations for Increasing Geriatric Aspects of Pharmacy Curricula. Washington, D.C.: Center for Human Services, September 1979.

This publication contains the results of a study on the drug-related needs of the elderly which assesses the current contributions of educational programs for pharmacists, and suggests ways in which pharmacy schools can modify their curriculums to increase their emphasis on the needs of the elderly population.

U.S. Department of Health, Education, and Welfare. National Institutes of Health, National Institute on Aging. Recent Developments in Clinical and Research Geriatric Medicine: The NIA Role. Washington, D.C.: Government Printing Office, April 1979.

The importance of clinical and research geriatric medicine components is stressed. Dr. Butler states that it is only by developing quality curricula (which he references) that we can improve the quality of life in old age and reverse the present economic trends. NIA's current and proposed research, both intramurally and extramurally, is discussed. Several positions on geriatric medicine are given by well-known authorities and associations.

Whitbourne, S.K. "Goals of Undergraduate Education in Gerontology." Educational Gerontology 2 (1977): 131-139.

Whitbourne stresses the necessity of relating course material in adult development and aging to other academic areas in the undergraduate curriculum . She contends that by integrating this material with other relevant disciplines, more students may become interested in pursuing professional training in gerontology.

Zerbe, M. and Hickey, T. "Self-Maintenance Skills: A Continuing Education Program for Geriatric Nursing." Journal of Gerontological Nursing 2 (May/June 1975): 5-9.

The Self-Maintenance Skills Module is part of a program developed in conjunction with the Gerontology Manpower Development Project. This module is designed to teach practitioners how they can teach clients with impairments related to illness, disability, or aging to help themselves. Through behavioral motivation and self-help aids, such as a long handled brush for someone with limited range of motion, formerly dependent clients can achieve a greater level of independence, and the improved self-esteem that goes with it.

I. Resource People

June Bates, Ph.D.
VA Medical Center
Interdisciplinary Team Training in Geriatrics
1131 Sepulveda
Los Angeles, CA 91343
213/894-8271 ext. 2204

Dr. Bates has been involved in the development of a program in interdisciplinary team training in geriatrics.

Barbara Davis, Ph.D.
311 Agriculture Administration Building
Penn State University
University Park, PA 16802

Dr. Davis has been providing extension programs and training sessions for the elderly. Her office will also provide single copies of brochures developed by the Cooperative Extension Services at Penn State on such topics as: physical well-being, mental well-being, economic resources, communication skills, and giving and receiving help.

Bulk copies can be ordered through:
Kevin Hayes
Publications Department
433 Agriculture Administration Building
Penn State University
University Park, PA 16802

Margaret Gatz, Ph.D.
University of Southern California
734 W. Adams Boulevard
Los Angeles, California 90007

Dr. Gatz assisted in the development of a clinical-aging training program that is a track within a clinical psychology program.

Dr. Laurie Gunter
Department of Nursing
Penn State University
University Park, PA 16802
814/863-2245

Dr. Gunter, co-author of Education for Geriatric Nursing, will be visiting professor for academic year 1980-1981 with:
University of California at Los Angeles
School of Nursing
Center for Health Sciences
Los Angeles, CA 90024
213-825-6625.

Tom Hickey, Dr. P.H.
Health Gerontology Program
M 5112 School of Public Health
University of Michigan
109 S. Observatory
Ann Arbor, MI 48109

Dr. Hickey has published extensively in the area of training and education in gerontology, particularly addressing health care practitioners. He is presently involved in several research projects involving behavioral aspects of aging and the aged.

Dr. Jerome Kaplan
Mansfield Memorial Home
P.O. Box 966
50 Blymer Avenue
Mansfield, OH 44901
419/524-94178

Dr. Kaplan, formerly Vice Chancellor the Health Affairs of the Ohio Board of Regents, is a good resource for information on mobilization of geriatric and gerontology medical curriculum at the state level.

Dr. John Santos, Director
GERAS Program
Fifth Floor
Memorial Library
University of Notre Dame
Notre Dame, IN 46556
219/283-3197

GERAS, an acronym for Gerontological Program in Education, Research and Service, is the focal point for gerontological studies and programs at the University of Notre Dame. Two innovative training programs, both available to middle-aged and older adults, and supported by grants from the National Institute for Mental Health, have been created and implemented by the GERAS staff. The first, a Mental Health Outreach Program for the Elderly (MHOP) was developed as a national model to help meet the immediate need for trained personnel in aging by developing a pool of ancillary personnel talent. The second program, Help Outreach Program for the Elderly (HOPE) was organized to develop personnel to work especially with rural, housing and minority elderly in central New Mexico.

Dr. Harold Schnaper
Director of Center for Aging
University of Alabama at Birmingham
Birmingham, AL 35294
205/934-4399

OR

Dr. Glenn Hughes
Associate Director of Center for Aging
University of Alabama at Birmingham
Birmingham, AL 35294
205/934-5619

Various lectures are available at the University of Alabama at Birmingham School of Medicine as part of the basic science curriculum, behavioral science curriculum, and geriatric electives. Dr. Schnaper and Dr. Hughes can be contacted to answer inquiries regarding geriatric coursework within medical curricula.

II. PROFESSIONAL RESOURCES

Claeys, R.R. Utilization of College Resources in Gerontology; A Program Guide. Upper Montclair, New Jersey: Montclair State College, Department of Continuing Education, 1976.

Greco, C.M., and Harrison, R.L. An Instructor's Handbook for the Development of a Basic Course in Gerontology. Syracuse, New York: Syracuse University, All-University Gerontology Center, 1975.

Heyman, D. Community and Junior Colleges: Education and Training for Work with the Elderly. Durham, North Carolina: Duke University Medical Center, Center for the Study of Aging and Human development, 1975.

Hickey, T. In-Service Training in Gerontology: Towards the Design of an Effective Education Process. University Park, Pennsylvania: Pennsylvania State University, College of Human Development, 1975.

Johnson, D.M.; Lanmon, L.F.; and Stearns, J.A. The Aging Process: An Instructional Handbook for Teaching. Jackson, Mississippi: Mississippi Council on Aging, 1976.

McGehee, L.J., and Gaylord, S., eds. Analysis and Selection of Training Resources in Aging. Durham, North Carolina. Duke University Medical Center, Center for the Study of Aging and Human Development, 1978.

Moore, J.T., and Kennie, D.C. Training in Geriatric Medicine in a Family Medicine Program. Durham, North Carolina: Duke University Medical Center and Durham County Hospital.

1978-79 AAMC Curriculum Directory. Washington, D.C.: Association of American Medical Colleges.

1976 Directory of Resources in Adult Education. Columbus: The Ohio State University, ERIC Clearinghouse on Career Education, 1976.

Saxe, A.R. The Young Look at the Old; Curriculum Building in the Area of Aging. A Manual to Assist in the Development of Courses on Teaching About Aging. San Jose, California: San Jose State University, Department of Recreation and Leisure Studies, 1977.

Sprouse, B.M., ed. National Directory of Educational Programs in Gerontology. Washington, D.C.: Association For Gerontology in High Education, 1978.

III. NATIONAL ORGANIZATIONS

American Psychological Association
1200 17th Street, N.W.
Washington, D.C.
202/833-7600
Contact person: Martha Storandt, President
Division of Aging
314/889-6508

The Division on Aging is planning two upcoming conferences. The first is a multi-agency conference on aging scheduled for November 1980, and the second, to be held in June 1981, is titled "Training Psychologists to Work with the Aged." Preliminary information or proceedings may be obtained through APA.

Association of American Medical Colleges
Membership and Subscription
1 Dupont Circle
Washington, D.C. 20036
202/828-0400

The 1980-1981 AAMC Curriculum Directory gives a brief overview of curriculum information in all subject areas in the U.S. and Canadian medical schools. Information on gerontology and geriatric programs is included. Cost of the Directory is $5.00. Make checks payable to AAMC.

Association of Gerontology in Higher Education
1835 K Street, N.W.
Suite 305
Washington, D.C. 20006
301/466-6750
Mrs. Elizabeth Douglass - Executive Director

Services offerred: Publishes National Directory of Educational Programs in Gerontology approximately every two years. Has library which is open to the public, and serves as resource and information referral center, though primarily provides services to institutions which are members and have gerontology programs. AGHE has also begun some advocacy activities in areas of Long Term Care and gerontology training, education, and manpower.

Association of University Programs in
Health Administration
Long Term Care Office
1755 Massachusetts Avenue, N.W.
Washington, D.C.
301/462-4546
Contact person: Sara Friendly

The Long Term Care Office serves as a resource on Educational Opportunities in long term care administration. It has access to information on training programs for Long term care administrators and nursing home administrators, length of programs, cost, and certification. It can also assist in curricula development of university long term care programs.

Educational Resources Information Center
National Institute of Education
Office of Dissemination and Resources
Washington, D.C. 20208

Gerontology Education Data Project
Contact:: Christopher Bolton
Assistant Professor and Project Coordinator
Gerontology Program
University of Nebraska at Omaha
Omaha, NE 68101

IV. JOURNALS

Educational Considerations

Educational Considerations will publish a special issue on gerontology shortly. It will include articles on education and the older American, the history of gerontology as a discipline, non-traditional learning programs in gerontology, and other topics. Copies are available from the Editor, c/o College of Education, Kansas State University, Manhattan, KS 66506. Cost is $1.50.

Educational Gerontology: An International Quarterly, 1025 Vermont Avenue, N.W., Washington, D.C. 20005.

Gerontology and Geriatric Education, University of Texas Medical School at Houston, P.O. Box 20708, Houston, Texas 77025.

SERVICE PROVIDER DEVELOPMENT RESOURCES

Brody, E.M. Long Term Care of Older People. A Practical Guide. New York: Human Sciences Press, 1977.

Brody's 402 page volume focuses on social work services in long term care setting. Includes case studies, references given to families, and social work services and functional assessment forms used at Philadelphia Geriatric Center.

Bykowski, J. The Listening Environment: A Training Unit. Ann Arbor, Michigan: Institute of Gerontology, University of Michigan, 1975.

This looseleaf edition, available from the Institute of Gerontology, University of Michigan, 520 E. Liberty Street, Ann Arbor, Michigan, 48108, is a teaching guide for a session on hearing impairment and includes handouts and references.

Caprez, J.V. and Nugent, J.M. A Program Manual of Mental Health Education for Nursing Home Personnel. Hays, Kansas: High Plains Comprehensive Community Mental Health Center, 1975.

Caprez and Nugent's manual was developed from an in-session training project (NIMH Nursing Home Grant No. 297-74-0006) in northwest Kansas. It includes workshop outlines, content on participant and administrator evaluation forms, as well as a training project timetable. Content materials include role plays, games, communication techniques, mini-lectures, retirement attitude scale, and bibliography.

Available for $4.95 from:
High Plains Comprehensive Community Mental Health Center
208 E. 77th Street
Hays, Kansas 67601

Chaisson, G.M. Life-Cycle: A Simulation Game for Training People to Understand and Communicate with the Elderly. Kansas City, MO: Academy of Health Professions, 1977.

Chaisson's simulation kit is designed to promote empathy and communication towards the elderly, and can be purchased for $4.95. Also available is a monograph, "Life-Cycle: A Simulation Game for Training Health Care Personnel in Geriatrics, which was published in Health Monographs in 1977.

Conahan, J.M. Helping Your Elderly Patients: A Guide for Nursing Assistants. New York: Tiresias Press, Inc., 1976.

This paperback was developed from a series of workshops for nursing assistants in Massachusetts, and includes discussion questions, role-playing, case studies, audio-visual aids, and references. It may be purchased from:

The Tiresias Press, Inc.
116 Pinehurst Avenue
New York, NY 10033

Deichman, E.S. and O'Kane, C.P. eds. Working with the Elderly: A Training Manual. Buffalo, N.Y.: D.O.K. Publishers, Inc., 1975.

Working with the Elderly was developed from materials used in a course for activity leaders sponsored by the School of Health Related Professions, SUNY at Buffalo and New York State Department of Health and broadcasted over the regional medical program telephone lecture network. It covers background material on the aging process, elements in the therapeutic environment, and the relationship of activities to the rehabilitative process. Appendices include planning information, evaluation report, course outline, and bibliographies.

It can be purchased for $9.50 from:

Potentials Development
20 North Pearl Street
Buffalo, NY 14202

Developing a Therapeutic Community. A Training Series. Ann Arbor: Institute of Gerontology, University of Michigan - Wayne State University, 1972.

This series contains a training manual, filmstrip manual, four filmstrips, four cassette tapes, and ten envelopes of supplemental materials. The trainer and trainee materials include readings, worksheets, role plays, exercises, discussion topics, references and bibliography. It is available for $85.00 from:

Audiovisual Education Center
University of Michigan
416 Fourth Street
Ann Arbor, MI 48103

Ernst, M. and Shore, H. Sensitizing People to the Processes of Aging: The In-Service Educator's Guide. Denton, Texas: North Texas State University. Center for Studies in Aging.

This material is intended to be used in the training of people who are concerned with the care provided in nursing homes. It provides basic information on the processes of aging, with emphasis on the sensory and physical changes which may influence the way the older person reacts to his/her environment. Included are exercises designed to help care providers experience the declining faculties of the aged. Work sheets, pre- and post-tests, and a survival prediction test are included in the appendices.

Falconer, M.W.; Behnke, H.D.; and Altamura, M.V. Aging Patients: A Guide for Their Care. New York: Springer Publishing Co., 1976.

This handbook can be used as a quick reference by those who care for the aged. Appendices include medical terminology, weights and measures used in computing dosages of medications, evaluation of activities of daily living (including chart), evaluation of range of motion (including chart) and illustrated exercises for the elderly. A list of suggested readings and glossary conclude this text.

The handbook can be purchased for $7.95 from:
Springer Publishing Co., Inc.
200 Park Avenue South
New York, NY 10003.

Fleishman, J.J. Manual of Human Relations for People Working with the Elderly: Theory and Practice. Harrisburg, Pa.: Geriatric Coordinators, Ltd., 1976.

Fleishman's manual, listing for $4.50, is available from Geriatric Coordinators, Ltd, 505 Redwood Street, Harrisburg, Pa. 17109. Though it is designed primarily for nursing home personnel, it can be adapted for general groups. It includes exercises in sensory loss.

Ganikos, M., and Grady, K., eds. Counseling the Aged: A Model Training Syllabus. Washington, D.C.: American Personnel and Guidance Association, 1979.

This manual, geared for all mental health personnel, is broken into training sections concerning special considerations of aging, such as nutrition, psychosocial aspects, and death, dying, and bereavement. It also identifies symptomology the counselor should be aware of which might warrant further investigation. The modules can stand alone, or be developed into a course.

Grabowski, S.M. and Batra, G.B. Techniques for Teaching: A Programmed Instruction Text for In-Service Educators in Long Term Care Facilities. Boston: Boston University Gerontology Center, Boston University.

This manual, developed for the Division of Long Term Care—Health Resources Administration (No. HRA-230-76-0246), is a programmed text containing 13 instructional frames which include information on the role of the teacher, the adult learner, teaching techniques, learning environment and evaluation.

It is available through:
Boston University Gerontology Center
Boston University
Boston, MA

Greenberg, L.; Hameister, D.R.; Fatula, B.; and Hickey T. Gerontology Practitioner Training Manual; Communication Skills in the Gerontological Environment. Volume III in a Series of Programmed Training Modules on Gerontology. University Park, Pennsylvania: Pennsylvania State University, Gerontology Center, 1976. Gerontology Center

Communication Skills in the Gerontological Environment contains a ten-hour program that explains the importance of some of the ways we communicate, and how we can improve our communication methods to be more effective with older people.

Gulledge, K. In-Service Training: How and Why for Long Term Care Facilities. Denton, Texas: Center for Studies in Aging, North Texas State University, 1977.

This two-part guide describes the philosophy of in-service training, and provides instructions for developing an in-service program. Appendices include material on behavioral objectives, lesson plans, sensory deprivation training, learning principles activities, and training resources. The guide is available for $2.00 from: Center for Studies in Aging, North Texas State University, P.O. Box 13438, Denton, TX 76203.

Hickey, T., and Fatula, B. Gerontology Practitioner Training Manual. Sensory Deprivation and the Elderly. Volume I in a Series of Programmed Training Modules on Gerontology. University Park, Pennsylvania: Pennsylvania State University, Gerontology Center, 1975.

The purpose of this 3-5 hour training session is to improve the social interaction between the elderly who have visual and/or hearing impairments and practitioners.

Hickey, T.; Fatula, B.; Axinn, P.; and Hameister, D. Gerontology Practitioner Training Manual; Loss Reaction and Grief Management. Volume IV in a Series of Programmed Training Modules on Gerontology. University Park, Pennsylvania: Pennsylvania State University, Gerontology Center, 1976.

This module is designed to train human service workers to deal more effectively with the dying and bereaved. It contains six, two-hour sessions on: Death in American Society, Death in an Institutional Setting, Stages of Adjustment to Death, The Grief Process and its Resolution, Role Loss and Reaction, and Application of Knowledge about Death.

Home Health Training Materials. Tulsa: University of Tulsa, 1978.

This training manual, prepared by the University of Tulsa for the Special Unit on Aging, contains detailed teaching units for preparing choreworkers and home health aides to perform their various tasks.

This resource, published in 1978, can be obtained from: Special Unit on Aging, Department of Institutions, Social and Rehabilitative Services, P.O. Box 25352, Oklahoma City, OK 78125.

House, G.; Hoyle, D.B.; Williford, J.H.; Elias, J.; and McComb, G. eds. Homemaker Service Aide Training Manual: A Mini-Reference for Homemakers Working with the Elderly. Lubbock, Texas: South Plains Office on Aging, 1977.

This training manual for homemaker paraprofessionals includes suggested format for intensive 80-hour pre-service training program, illustrated content units, homemaker aide guidelines, qualification, application and evaluation forms, also lists sources of assistance and references.

Inservice Education Manual for Long Term Care Facilities. Washington, D.C.: American Health Care Association.

The Inservice Education Manual for Long Term Care Facilities, developed by the Education Services Division, South Carolina Board for Technical and Comprehensive Education (DHEW Contract No. HSM 110-72-367), presents theoretical background, practical systems training approaches, designs and guidelines for education in long term care settings. It includes appendices of resource materials on the training process setting, the trainer role, gathering data for training needs and needs assessment interview questions and examples of many other training and evaluation checklists, forms and plans.

It is available from: American Health Care Association, 1200-15th Street, N.W., Washington, D.C. 20005. $10.00 for members, $6.00 for non-members.

Litman, T.J. Syllabus on Long Term Care. Unit I. Basic Orientation to the Field of Long Term Care. Washington, D.C.: Association of University Programs in Health Administration, Office of Long Term Care, 1974.

Unit I of a 3-part series, developed for faculty members involved in long term care education. Publisher listed above. Overview of the history of long term care, the aging process, chronic diseases and the rehabilative process. Includes extensive references and bibliographies.

Litman, T.J. Syllabus on Long Term Care. Unit II. Institutional Alternatives to the Long Term Care of the Chronically Ill and Aged. Washington, D.C.: Association of University Programs in Health Administration, Office of Long Term Care, 1974.

Unit 2 of a 3-part series. Developed for faculty members involved in long term care education. Publisher listed above. Overview of the long term care field including both institutional and non-institutional aspects and their relationship to acute care. Also includes references and extensive bibliographies.

Litman, T.J. Syllabus on Long Term Care. Unit III. The Administrator and the Long Term Care Facility. Washington, D.C.: Association of University Programs in Health Administration, Office of Long Term Care, 1975.

Unit 3 of a 3-part series, developed for faculty members involved in long term care eudcation. Publisher listed above. Overview of administration of long term care. Includes breakdown by services (e.g., housekeeping). Also includes film list, references and extensive bibliographies. Each unit with this 3-unit set lists for $5.00

Milieu Therapy and Program Design Staff. Materials for Two-Day Workshop on Working with the Elderly in Treatment Settings. Ann Arbor, Michigan: Institute of Gerontology, University of Michigan, 1975.

This looseleaf packet of materials, developed for a workshop, includes handouts on milieu therapy, a workshop outline, evaluation materials and a catalog of articles and audio-visual materials related to milieu therapy and design. The material can be accessed through: Institute of Gerontology, University of Michigan, 520 E. Liberty St. Ann Arbor, MI 48109.

Rakowski, W., and Hickey, T. Gerontology Practitioner Training Manual. Basic Concepts in Aging. University Park, Pennsylvania: Pennsylvania State University, Gerontology Center, 1976.

Rakowski and Hickey have written an introductory training program to provide basic knowledge about the aging process for human service workers and practitioners. The content is divided into the psychological, sociological, and biological aspects of aging.

Sorenson, G. Meeting the Psychosocial Needs of the Older Person: A Training Manual for Nursing Home and Community Agency Personnel. Minneapolis, Minnesota: Augsburg College Program on Aging, 1977.

This booklet, available for $2.50 from the Augsburg College Program on Aging, Minneapolis, MN 55454, provides training sessions for paraprofessionals involved in working with the elderly. It includes illustrations, handouts, assessment scales, training exercises, and media.

Understanding Aging and Human Needs. An Advanced Nurse Aide Manual. Washington, D.C.: American Health Care Association, 1978.

The above handbook is designed to give aides a better understanding of the aging process, help them to help residents to adjust to nursing home life and to understand thoughts and feelings about aging. Also available is Understanding Aging and Human Needs. An Advanced Nurse Aide Manual. Instructor's Manual, which includes answers to self-tests, session planning, summary discussion, tests, and role plays.

Both editions can be obtained from: American Health Care Association, 1200-15th Street, M.W. Washington, D.C. 20005.

Zerbe, M., and Hickey, T. Gerontology Practitioner Training Manual; Self-Maintenance Skills for the Elderly. Volume II in a Series of Programmed Training Modules on Gerontology. University Park, Pennsylvania: Pennsylvania State University, Gerontology Center, 1976.

This manual is addressed to people working in health care settings and includes theoretical and practical knowledge about aging and long term care patients. It also contains a program of operant learning skills by which health care workers can teach patients self-help maintenance skills.

EDUCATION AND TRAINING

NAME	Policy Issues & Program Objectives	Implementation	Programming	Effects	Linkages
ACKERMAN, 1978	X	X	X	X	
AKPOM/MAYER, 1978	X		X		
AGING AND MEDICAL	X				
ANDERSON, 1976			X	X	
ATCHLEY/SELTZER,1977	X	X			
BALDWIN/ROWLEY, 1976		X	X		
BANZIGER, 1980	X				
BARBARIN et al, n.d.			X	X	
BEATTIE, 1974	X	X			
BECK et al, 1979				X	
BIRENBAUM et al, 1979		X	X		
BLUM, 1977			X		
BRENNAN/MORAVEC,1979		X			
BRITISH, 1979		X			
BROCKLEHURST, 1977	X		X		
BROWER, 1979	X	X			
BUTLER, 1975	X				
BUTLER, 1976	X	X		X	
CAIRD, 1978	X				
CHEBOTAREV, 1976					
COGGAN, 1978			X	X	
COHEN, 1980			X		
CONNELLY, 1975		X	X	X	

CONT.	Policy Issues &	Program Objectives	Implementation	Programming	Effects	Linkages
CONNOR/GOTTESMAN			X	X		
COX, 1978	X			X		
DANISH/SMYER, n.d.	X					
DANS/KERR, 1979	X			X		
DAVID, 1980	X	X	X			
DERIDDER, 1978			X			
DOSA/BRINDLE, 1979			X			X
EDINBERG et al		X	X			
EHRENPREIS/DAVID		X	X			
FELDMAN et al,1978	X		X			
FIEDLER et al,1977			X			
FINAL RECOMMEND.	X					X
FOLEY, 1980	X	X		X		
FORD/DEICHMAN,1979	X		X			
FREEMAN, 1971	X	X				
GATZ et al, 1977			X			X
GERIATRICS, 1980			X			
GOLDMAN et al,1979		X	X			
GOLDMAN, 1977	X	X				
GRUBER, 1977	X	X				
GUNTER/ESTES,1979	X		X			
HALL/STARKMAN,1979		X	X			
HAMEISTER, 1977	X	X	X			

CONT.	Policy Issues & Program Objectives	Implementation	Programming	Effects	Linkages
HARBAUGH, 1976	X	X	X	X	X
HICKEY, 1975a	X	X		X	
HICKEY, 1974			X	X	
HICKEY, 1975b		X	X	X	
HICKEY/FATULA,1975			X	X	
HOGAN, 1979	X		X		
HOLTZMAN et al		X	X		
HOLTZMAN et al,'77			X		
HULICKA/MORGANTI		X	X		
INGMAN et al, 1979		X	X	X	
JACOBSON/JUTHANI			X		X
JELLY/HAWKINSON			X		
KALCHTLHALER,1977			X		X
KANE et al, 1980	X				
KELLY,	X				
KEYWORD,1979	X				
KLEINMAN et al '79			X	X	
LESNOFF,1979	X		X		
LIBOW, 1977	X				
LIBOW, 1976		X	X	X	
MAZUR, 1979			X	X	
MICHELMORE, 1975	X		X		
MILLER, 1974	X				

CONT.	Policy Issues & Program Objectives	Implementation	Programming	Effects	Linkages
MONK, 1978	X				
MOORE, 1978		X	X		
MOORE/KANE,1979		X	X		
MOORE/CAMPBELL,'78		X	X	X	
MYERS, 1979			X		
O'DRISCOLL, 1979	X	X	X	X	
PANNETON, 1979	X	X	X		X
PATTERSON, 1979		X	X		
PETERSON/BOLTON,	X	X	X		
PFEIFFER, 1977	X	X		X	
PICKETT et al,1979			X	X	
RABER, 1980	X				
RAO, 1977	X				
REICHEL, 1977a		X	X		
REICHEL, 1977b	X				
REICHEL, 1977c	X				
REICHEL, 1977d	X				
RIEGEL, 1978	X				
ROBBINS et al,n.d.	X			X	
ROBERTS, 1977		X		X	X
RODSTEIN, 1973	X		X		
RUBIN et al, 1975			X		
SCHONFIELD, 1976	X				

CONT.	Policy Issues & Program Objectives	Implementation	Programming	Effects	Linkages
SELTZER et al,1978	X			X	
SEYMOUR, 1978		X	X		
SHORE, 1976			X		
SICKLER, 1977	X	X			
SMITH/COOK, 1979			X		X
SMYER/GATZ, 1979	X				
SOLON, 1977		X			
SOMERS et al, 1978			X	X	
STARKMAN et al, '79		X	X		
STEEL, 1977		X			X
STORANDT, 1977	X				
STORANDT/WHITBOURNE	X				
STOUT et al, 1979			X		
SULLIVAN, 1977			X		
"TRAINING", 1978			X		
U.S. CONGRESS,1975	X				
USDHEW/NIA, 1979	X	X			
USDHEW/BHM, 1979		X		X	
WHITBOURNSE, 1977		X			
ZERBE/HICKEY, 1975			x		

APPENDIX 1

THOUSAND ISLANDS CONFERENCE PARTICIPANTS

Eugene M. Dagon, M.D.
Medical College of Wisconsin
9191 Watertown Plank Road
Milwaukee, WI 53226

Charles Fogelman, Ph.D.
8711 Maywood Avenue
Silver Spring, MD 20910

Margaret Gatz, Ph.D.
734 W. Adams Blvd.
Los Angeles, CA 90007

Jay Greenberg, Sc.D.
Associate Director
Health Services Research Center
University of Minnesota
1350 Mayo Building, Box 197
420 Delaware Street, S.E.
Minneapolis, MN 55455

John A. Hackley, President
The Hillhaven Foundation
P.O. Box 99237
Tacoma, WA 98499

Tom Hickey, Dr.P.H.
Health Gerontology Program
M5112 School of Public Health
University of Michigan
109 S. Observatory
Ann Arbor, MI 48109

Gail House, Ph.D.
Southwestern Gerontological Institute
Texas Tech University Health
Science Center
Thomas Hall, Room E-118
Lubbock, TX 79430

Glenn H. Hughes, Ph.D.
Medical Towers Building
1717 11th Avenue, South
Birmingham, AL 35294

Richard A. Kalish, Ph.D.
1010 Idlewilde Lane, S.E.
Albuquerque, NM 87108

Rosalie Kane, D.S.W.
The Rand Corporation
1700 Main Street
Santa Monica, CA 90460

Donna Lind, Ph.D.
Department of Health Services
Administration
George Washington University
Washington, D.C. 20052

Myron Miller, M.D.
Veterans Administration Medical
Center
800 Irving Avenue
Syracuse, NY 13210

Russell Mills, Ph.D.
University of Kansas Medical Center
134 Sudler
39th and Rainbow
Kansas City, KS 66103

Michael Smyer, Ph.D.
S-110 Human Development
Pennsylvania State University
University Park, PA 16802

For ELM Services:

David J. English, D.B.A.
Lee E. Mortenson
Celia Berdes
Kathleen Grady